

DOCTORAL THESIS

How do fathers make sense of their experience of stillbirth after therapy? An Interpretative Phenomenological Analysis

Humphry-Baker, Hannah Jane

Award date:
2016

Awarding institution:
University of Roehampton

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

**How do fathers make sense of their experience of
stillbirth after therapy?**

An Interpretative Phenomenological Analysis

By

Hannah Jane Humphry-Baker (BSc Hons)

**A thesis submitted in partial fulfilment of the
requirements for the PsychD in Counselling
Psychology**

**Department of Psychology
University of Roehampton**

2015

ABSTRACT

This study aimed to address how fathers made sense of their experience of losing their baby due to stillbirth after receiving one-to-one counselling/therapy. An Interpretative Phenomenological Analysis was used to explore the unique lived experience of each father. Eight semi-structured interviews were carried out with fathers of a stillborn baby who had experienced some form of one-to-one counselling/therapy in the aftermath of their loss. The research found that fathers developed an embodied relationship and continued to experience an ongoing relationship with their stillborn child. The fathers were changed by their experience of having a stillborn baby in fundamental and complex ways. The fathers also re-addressed aspects of their 'masculine selves' in response to this profound loss. It was meaningful for the fathers when their relationship with their stillborn child was validated and legitimised in their one-to-one counselling/therapy. Moreover, some fathers were able to address the confusion and ambiguity around the nature of their loss and their experience as men. The fathers expressed the unique ways they were transformed by their experience emotionally, psychologically, and existentially. Some fathers could begin to make sense of this and find meaning in their experience when it was recognised in their individual therapy. Finally, a critique of the limitations of the research process and methodology was provided and suggestions for further research were offered.

TABLE OF CONTENTS

Title Page.....	1
Abstract.....	2
TABLE OF CONTENTS.....	3
Acknowledgements.....	7
INTRODUCTION.....	8
CHAPTER 1: REVIEW OF THE LITERATURE.....	10
1.1 Stillbirth: A Sociopolitical Issue.....	10
1.2 A Review of Gender Differences in Infant Loss Research.....	11
1.3 The Father's Experience of Meeting Their Stillborn Child.....	15
1.4 Addressing Models of Grief.....	17
1.5 Constructs of Masculinity: Seeking Help.....	20
1.6 'A Double Edged Sword': The Struggle in Seeking Recognition.....	23
1.7 Men's Loss and Therapy.....	25
1.8 Evaluating Psychological Intervention after Infant Loss.....	27
1.9 How Do Fathers Make Sense of Stillbirth After Therapy?.....	29
1.9.1 Research Aims.....	31
CHAPTER 2: METHODOLOGY AND METHODS.....	32
2.1 METHODOLOGY: An Ontological and Epistemological Position.....	32
2.1.1 Phenomenology.....	32
2.1.2 Interpretative Phenomenological Analysis (IPA).....	34

2.1.3 Embodying Research	36
2.2 Consideration of Alternative Methods	37
2.3 Ethics	38
2.4 Reflexivity	40
2.5 METHODS	41
2.5.1 Sample and Sampling	41
2.5.2 Demographics Table.....	42
2.5.3 Inclusion and Exclusion Criteria of Participants.....	47
2.5.4 Interviewing	48
2.5.5 Analysis	48
CHAPTER 3: ANALYSIS OF DATA	51
3.1 Summary of Master Themes and Subthemes	52
3.1.1 Summary Table of Master Themes and Subthemes.....	53
3.2 RELATIONSHIP WITH CHILD	54
3.2.1 Subtheme 1 - The Embodied Relationship	54
3.2.2 Subtheme 2 - Holding On	59
3.2.3 Subtheme 3 - Continued Existence: A Relationship That Lives On.....	63
3.2.4 Subtheme 4 – Loss.....	67
3.3 MASTER THEME - RELATIONSHIP WITH SELF.....	70
3.3.1 Subtheme 1 - The Embodied Self: Falling Apart And Hitting Home.....	70
3.3.2 Subtheme - The Masculine Self.....	73

3.3.3 Subtheme 3 - The Mess.....	77
3.3.4 Subtheme 4 - I Am Changed.....	81
3.4 MASTER THEME - RELATIONSHIP WITH OTHERS	85
3.4.1 Subtheme 1 - Silenced Grief: Pain When His Experience is Not Recognised	85
3.4.2 Subtheme 2 - Being Different: Hidden Grief.....	88
3.4.3 Subtheme 3 - Being Touched: Discovered Meaning When His Experience Is Recognised.....	91
3.5 Final Reflections after Analysis.....	95
CHAPTER 4: DISCUSSION.....	96
4.1 The Embodied Relationship.....	97
4.2 Re-Addressing Traditional Models of Grief.....	100
4.3 The Importance of Objects in Holding on to Subjects.....	103
4.4. The Masculine Self.....	105
4.5 Transformed By Life and Loss.....	108
4.6 A Critique of the Research Process.....	109
4.7 Suggestions for Further Research and Counselling Psychology Practice.....	111
CONCLUSION.....	113
REFERENCES.....	114
THE APPENDICES.....	123
Appendix 1a: Example of Chris's Interview with Initial Notes on Description, Language And Conceptual and Reflexive Comments.....	123
Appendix 1b: Chris's initial themes after coding data.....	162

Appendix 1c: Clustering Chris's Initial Themes.....	168
Appendix 2: Process Comments after Initial Responses and Themes.....	174
Appendix 3: Example of Clustering Initial Themes for First Interview.....	176
Appendix 4: Example of Clustering Themes for Final Interview.....	177
Appendix 5: Frequency Table for Themes.....	178
Appendix 6: Reflexivity Returning to the Data after Master Themes and Sub-Themes.....	202
Appendix 7: Example of Creating Mind Map from Clustered Themes of All Interviews.....	206
And Example of Mind Map For Master Theme and Inter-Connected Sub-Themes.....	206
Appendix 8: Interview Schedule.....	207
Appendix 9: Questionnaire.....	208
Appendix 10: Participant Consent Form.....	209
Appendix 11: Participant Debrief Form.....	211
Appendix 12: Advertisement for Recruitment.....	213
Appendix 13: Transcription of my Recordings after Interviews.....	214
Appendix 14: Poems Shared By Fathers.....	218
Appendix 15: Ethical Approval Declaration.....	220

Acknowledgements

I would like to thank all those who have supported me through this process.

Thank you to my friends and family.

Thank you to my supervisors – Dr. Anastasios Gaitanidis and Dr. Beatrice Allegranti, and my mentors and peers for all you have taught me.

I want to acknowledge the families, charities, and organisations that supported this research and endeavoured to contact those fathers who had lost a baby.

Finally, my gratitude and condolences go to the fathers that chose to take part in this project and their families.

In memory of:

Jonah, Daisy, Lily Mae, Sian, Isabella, Evie Jane, Bella and Ben

INTRODUCTION

Stillbirth experiences have been traditionally under-researched (Bonnette and Broom, 2011). Historically, the death of an infant has been perceived as less meaningful than other types of death (Wing et al. 2001). Lovell (1997) suggests that the experience of stillbirth has been devalued because it is difficult to see birth and death as two separate events. Cacciatore, DeFrain and Jones (2008) describe stillbirth as an 'invisible death' (p. 439) to the outside world making it difficult for families to address their profound feelings of grief.

Internationally, research on stillbirth has focussed on the mother and less is known about the impact of this loss on fathers (Hughes and Lieberman 1989, Turton et al. 2006). Weaver-Hightower (2012) proposes 'even more hidden than stillbirth itself has been the impact of stillbirth on fathers' (p. 479). McCreight (2004) argues that the experience of a baby's death on fathers has been 'largely overlooked in academic research' (p. 326). The present study endeavours to address the underrepresentation of the father's experience of infant loss in academic research.

Today, fathers play or are expected to play a major role in the parental care of their children (Turton et al. 2006). Badenhorst et al. (2006) advocate men are actively involved in the anticipation and preparation of their child's birth. Ultrasound appointments as well as involvement in antenatal classes enable men's engagement with fatherhood. Research has found that fathers develop an attachment to their child during pregnancy (see Conway and Russell, 2000, Bonnette and Broom, 2011). The present study seeks to enhance current understanding of the father's relationship with their unborn child and how they are affected by stillbirth.

A problematic assumption that has remained apparent in the literature on infant loss is that the mother's experience is of greater significance (see McCreight, 2004). The research on pregnancy loss has used quantitative assessment methods to measure grief, for example The Perinatal Grief Scale (Toedter, Laskar and Alhadeff, 1988). Studies have broadly confirmed that women experience higher levels of grief than men (see Stinson et al. 1992).

In the present study, it will be argued that such objective methods may demonstrate the father's interaction with the grief measurement tool as opposed to the lived experience of his loss. In this way, it will be illustrated that grief scores are ultimately embedded within cultural expectations of how grief should be expressed and measured (Bonnette and Broom, 2011).

This study will also examine how fathers' grief after infant loss is situated within a context of gender relations. It will be argued that issues of gender must be addressed in order to understand fathers' experience of grief (Thompson, 1997). Studies have found that men may internalise their grief in order to protect their partner (see Murphy, 1998, O'Leary and Thorwick, 2006, Samuelson et al. 2001). The present research proposes that a qualitative study of the father's experience of stillbirth will allow for an 'unpacking of the grief experience' (Bonnette and Broom, 2011, p.250).

Worth (1997) argued that whilst men anticipated their fatherhood during pregnancy, they experienced a lack of recognition as fathers in the aftermath of a stillbirth (as cited in Bonnette and Broom, 2011). Furthermore, fathers' tendency to deny and internalise their grief may lead to therapeutic practitioners neglecting their experience post loss (Stinson et al. 1992). Kersting and Wagner (2012) conclude that there is little research on the efficacy of bereavement interventions after perinatal loss but findings indicate the need for psychotherapeutic monitoring and support. It will be argued in this study, that there is a lack of research in the realm of understanding the father's experience of therapeutic support when coping with this particular loss. For this reason, the present study will seek to examine how men make sense of their experience of stillbirth after having one-to-one counselling/therapy. (The terms 'counselling' and 'therapy' from now on will be used interchangeably throughout this thesis.)

The present study will use Interpretative Phenomenological Analysis (IPA) to investigate how fathers make sense of their experience of losing a baby due to stillbirth after having individual therapy. IPA recognises that the 'personal and social' (Larkin, Eatough and Osborn, 2011, p. 324) are intertwined. It will be argued that IPA will allow for an idiographic exploration of each individual father's lived experience (Smith, 2004) embedded within social constructs of gender, grief and loss.

CHAPTER 1: A REVIEW OF THE LITERATURE

The following Chapter will review the current literature on fathers' experience of stillbirth. Grief measures used in the existing research on parents' experience of infant loss will be evaluated. The provision of healthcare and therapeutic support during and after the experience of stillbirth will also be considered. This Chapter will propose why it is necessary to further examine how fathers make sense of their experience of stillbirth after having one-to-one counselling.

1.1 Stillbirth: A Sociopolitical Issue

The World Health Organisation defines stillbirth as the death of a baby born with no signs of life at or after 28 weeks gestation (www.who.int).

The Government's definition of a stillborn child in England and Wales is outlined in the *Births and Deaths Registration Act 1953* section 41 and amended by the *Stillbirth (Definition) Act 1992* section as:

'A child which has issued forth from its mother after the 24th week of pregnancy and which did not at any time breathe or show any other signs of life' (Fairban, 2014, p. 2, my italics).

When a baby is stillborn at 24 weeks or older then the birth must be registered (Fairban, 2014). A baby that dies before 24 weeks gestation is termed a miscarriage (www.nhs.uk) and there is no provision of registration of stillbirths before 24 weeks (Fairban, 2014). When an infant dies within 28 days of being born, this is medically defined as a neonatal death (www.nhs.uk). When a baby is born and dies after a short time, their life *and death* is registered distinguishing stillbirth politically from neonatal death (my italics). The World Health Organisation (www.who.int) defines perinatal mortality as the number of stillbirths and early neonatal deaths that occur within the first week of life.

Tommy's, a National Charity funding research into stillbirth reports that 2.6 million stillbirths happen each year worldwide (as defined by death at 28 weeks or after gestation). In 2013, the UK still had one of the highest rates of stillbirth in Europe (www.tommy's.org). Turton et al. (2006) report that 1 in 200 pregnancies end in stillbirth in the United Kingdom. The Stillbirth and Neonatal Charity (www.uk-sands.org) estimate eleven babies are stillborn every day. Although stillbirth is approximately fifteen times more likely to occur than cot death (www.uk-sands.org), it is less talked about socially and politically (Weaver-Hightower, 2012). Weaver-Hightower (2012) expresses the ways media, culture, and the economy have driven the experience of stillbirth underground. The Editor-in-Chief of The Lancet comments that 'stillbirth has been a neglected, marginalized, and stigmatized issue' (www.thelancet.com/series/stillbirth).

Cacciatore and Bushfield (2008) argue that 'gender politics' (p. 379) are at the core of issues related to stillbirth, namely how society defines stillbirth and how it acknowledges the life of a stillborn baby. It is argued that stillbirth is a relatively common form of child death that has been marginalized by public health systems in the past. They call upon psychological and sociological theories to fully investigate stillbirth as a 'unique experience from other losses' (Cacciatore and Bushfield, 2008, p. 379). They ask for recognition of the stillborn child which they argue is overlooked in policy and legislation, as well as research and academia. The ways society can diminish the value of the baby and the grieving mother are addressed. Unfortunately, the impact of stillbirth on fathers seems to be forgotten in their argument for the recognition of what they describe a 'women-centred social problem' (Cacciatore and Bushfield, 2008, p. 384).

1.2 A Review of Gender Differences in Infant Loss Research

Toedter, Lasker and Janssen (2001) reviewed The Perinatal Grief Scale (Toedter et al. 1988) across 22 studies from 4 countries and accounted for internal consistency reliability and external validity. Toedter et al. (2001) reported that within most studies women's

Perinatal Grief Scores (PGS) were higher than men (see Stinson et al. 1992). However, it was also found that across the entire group of studies there was no difference in scores between gender groups (Toedter et al. 2001). It was discussed that the lack of difference across studies may demonstrate that the fathers taking part were more affected by their loss than those who do not participate. In this respect, gender differences within perinatal loss studies need to be examined more closely.

Stinson et al. (1992) used PGS to measure couples grief after pregnancy loss. It was found that women scored significantly higher than men in most grief dimensions including 'Active Grief', but there was no difference in measures of 'Despair'. The study noted that early gender differences disappeared over time. There was a tendency for men's grief scores to remain relatively stable over two years whilst women's scores declined. In some cases father's scores increased; 29.4 % of men had higher grief scores two years after their loss compared to 16.7% of women (Stinson et al. 1992).

Stinson et al. (1992) suggest that 'the measurement of grief itself is biased because of gender stereotypes' (p. 218). Men's grief reactions may not be fully represented in research because measures of grief tend to focus on feminine emotions related to loss. Women may be more expressive of grief than men but that does not necessarily mean that men experience a less meaningful grief. In response to losing a baby, fathers have reported avoidance tendencies, task centred coping and solitary grieving and it has been argued that a model of fathers' grief should not be based on an emotionally focussed feminine approach (Cook 1998, as cited in Cacciatore, Erlandson and Radestad, 2012). It is necessary to examine how we define and measure grief whilst accepting that men may express their experience of loss differently (Stinson et al. 1992).

Perhaps men display grieving experiences in ways they perceive acceptable and appropriate, making reports on internal suffering difficult to validate. O'Leary and Thorwick (2006) argue that cultural norms may mean fathers respond to grief measurement tools in socially acceptable ways. Arguably, grief measures may support the assumption that the father's suffering is quantitatively less profound than the mothers. For example, when heavy

alcohol consumption was used as a measure of grief after perinatal loss, gender differences substantially reduced (Vance et al. 2002).

Hughes and Page-Libermann (1989) explain that it is typical for fathers to grieve alone or in secret and they might also under-report their emotional issues. Vance et al. (2002) found that 30 months post loss, more than half of couples distress was accounted for by fathers. Zeanah et al. (1995) suggested that 'defensiveness' (p. 91) was the strongest predictor of 'difficulty in coping' for fathers and in 25% of cases fathers expressed higher levels of grief than their partners. The research calls for the complex biological, behavioural and social responses after perinatal loss to be examined (Zeenah et al. 1995).

Turton et al. (2006) found that although pregnant mothers who had previously had a stillbirth demonstrated higher levels of psychological symptoms than fathers, this difference was not significant. This study used a series of psychological assessments and concluded that stillbirth may impact on fathers in comparable ways to mothers. The research argues that the father's grief may not be fully recognised as these men may adopt social expectations to support their partner and 'be strong'.

O'Leary and Thorwick (2006) used descriptive phenomenology to explore the father's experience of a subsequent pregnancy after perinatal loss. They found that fathers maintained an effort to appear strong 'but' this disguised their inner experience of stress and vulnerability. Fathers felt exhausted physically and emotionally yet felt a societal pressure to 'carry on'. The study showed that men's grief reactions may be delayed many years after their loss, perhaps owing to their need to stay in control and maintain a position of protecting the family (see also Samuelson et al. 2001). Fathers expressed their identification with the role of supporting their partners in the aftermath of pregnancy loss and this may mean they put their own grief aside (see also McCreight 2004, Miron and Chapman 1994, Murphy 1998).

Miron and Chapman's (1994) grounded theory approach to men's experience of miscarriage seemed to reinforce gender role norms. The researchers' interview began with: 'can you tell me about your experience when ____ miscarried?' (Miron and Chapman, 1994, p. 63) It was then theorised that 'as men did not physically experience the miscarriage, they described

their primary role as one of supporting female partners' (Miron and Chapman, 1994, p. 65). It can be argued that the findings were limited by the nature of such an opening question as it presents a position that the miscarriage has happened to the mother and not the father. It is possible that this position reflects wider social and political assumptions.

Miron and Chapman (1994) suggest that couple centred counselling could help men maintain a supportive role throughout the miscarriage experience. It is necessary to consider how this view translates into therapeutic interventions with fathers today, and whether healthcare professionals still maintain that men should take a supportive role rather than be supported.

McCreight (2004) argued that the perception that men have only a supportive role during pregnancy ignores the father's actual 'life-world experiences' (p. 326). It was argued that narration can be 'a powerful tool for accessing hidden grief' (McCreight, 2004, p. 340). The men in this study recalled pregnancy loss from many years earlier but recalled their loss vividly and with emotional detail. Fathers' experience of stillbirth and miscarriage involved feelings of self-blame, identity and role confusion. McCreight (2004) suggested that the lack of 'legal recognition and institutional validation of their right and feelings' (p. 350) can lead to confusion around male identity.

Weaver-Hightower (2012) addresses his experience of losing his stillborn daughter as a sociocultural phenomenon conveying issues of grief and masculinity. He argues that his need to publicly grieve conflicted with cultural demands for 'stoic masculinity' (Weaver-Hightower, 2012, p. 464). Schatz (1986) advocates that a father's grieving, is as multifaceted as anyone else's. He suggests that 'there are a number of male roles that negatively affect fathers dealing with their grief' (p. 295). Such roles include being strong, being in control of emotions, being the protector of the family and the problem solver, and being self-sufficient (Schatz, 1986). Badenhorst et al. (2006) conducted a systematic review on the psychological impact of stillbirth and neonatal death on fathers. It was suggested that men's social role in supporting their partner may contribute to the tendency for fathers' grief reactions to be reported as less intense than mothers in qualitative and quantitative studies.

Badenhorst et al. (2006) calls for research to explore 'individual vulnerability factors' (p. 255) related to parents experience of stillbirth.

Samuelson et al. (2001) used a phenomenological analysis positioned within Husserlian philosophy to uncover the essence of the father's experience of having a stillborn baby. Fathers expressed feelings of abandonment, emptiness, and guilt, and at the same time 'they didn't think so much about themselves but tried first of all to protect their mate' (Samuelson et al. 2001, p. 125). Fathers felt that protecting their partner was important but difficult when they were also distressed. During delivery, men could feel helpless and 'left behind, outside of it all, confused, and submerged in a totally female-dominated world' (Samuelson et al. 2001, p. 126).

The father's grief may be qualitatively different from the mother's but this does not necessarily mean that their grief is less profound (Stinson et al. 1992, Wing et al. 2001). In the present research, it is suggested that an Interpretative Phenomenological Analysis (IPA) will allow for an idiographic account of the father's lived experience (Larkin, Watts and Clifton, 2006). It will be proposed that IPA will interrogate how each father is uniquely embodied and situated in the world (Larkin et al. 2011). I will now outline aspects of the father's personal and social world that I endeavour to examine in this research.

1.3 The Father's Experience of Meeting Their Stillborn Child

In 'Becoming Matilda's Father', Weaver-Hightower conveys the ways he knew his daughter; her kicks, her heartbeat, her ultrasound, her body (Weaver-Hightower, 2012, pp. 464-465). Studies have suggested that the technological advances such as seeing the baby on ultrasound begins a process of bonding with the unborn baby and enhances the sense of loss for fathers (McCreight 2004, Johnson and Puddifoot, 1996). O'Leary and Thorwck (2006) suggest that an ultrasound scan can be the moment men identify themselves as a father.

'The body provides our first experiences of the world. Floating in darkness as fetuses, we cannot see and have no language. We only feel our bodies and our mother's heartbeats, the buzz of our nervous systems, the pressure of fluid and organs. Parents' first experiences of their children also center on the body. For a father, feeling these kicks from the outside hint at the corporeal form within, but the moments just after birth – the body finally present – first introduces him to his child'

(Weaver-Hightower, 2012, pp. 468-469, my italics)

I sought to understand the fathers experience in meeting the body of his dead child. The movement, cries, warmth and aliveness of a baby lost and replaced by stillness. Weaver-Hightower (2012) admits his regret that he did not 'know all of her, every inch, every detail of this life we created' (p. 470).

In the past, common practice has not allowed parents to interact with their dead child's body. The death of a baby was regarded as a non-event (Samuelson et al. 2001, Elkilt and Gudmundsdottir, 2006) and hospital policy forbid fathers to be present at a stillbirth. Today, parents are encouraged to hold their stillborn baby, to spend time with their child, name their baby, and collect mementos such as photos, hand and footprints or a blanket (Bennett et al. 2005, McCreight 2004, Samuelson et al. 2001). O'Neil (1998) describes holding his stillborn daughter; watching her, touching her, counting her fingers and toes, and protecting her. Elkilt and Gudmundsdottir (2006) found that parents who had not seen their baby were more negatively affected three years post-loss.

Some fathers reported feeling afraid to meet their stillborn child and at times may need assistance to hold their baby (McCreight 2004, Samuelson et al. 2001). I wondered about this sense of uncertainty amongst some fathers before meeting the body of their baby. Research has found some men blame themselves for pregnancy loss and feel ambivalent about claiming the title 'father' (McCreight, 2004). I found myself questioning whether I could claim this title for these men when I was recruiting and name potential participants as fathers. I sought to understand more fully the nature of the uncertainty around stillbirth for men who never hold their child's living body. Samuelson et al. (2001) found fathers expressed that it was not until the baby had been born that they gained true insight into how

much they had lost. This research seeks to examine how fathers' make sense of their experience of meeting their stillborn baby.

1.4 Addressing Models of Grief

My position is to understand the complex and idiosyncratic ways these fathers experienced their loss and grief after losing their baby. Historically, psychoanalysis has suggested that 'mourning' requires particular psychological achievements in order to detach from the lost object; 'when the work of mourning is completed the ego becomes free and uninhibited again' (Freud 1917, p. 245). It has been widely assumed in our culture that the normal way to react to a loss is to 'work through' a period of emotional distress once the bereaved person has confronted the reality of their loss (Wortman and Silver, 1989, p. 351).

The Bowlby and Parkes model (1970) identifies the inner turmoil experienced in bereavement and the yearning to hold on to the lost person (Davies, 2003). Bowlby's view on grief has been conceptualised as a form of separation anxiety and Parkes (1970) considered the search for the lost person as an essential component of the grieving process (Davies, 2003). However, the Bowlby-Parkes model remains rooted in the psychoanalytic tradition in that 'successful resolution of grief was acceptance of loss and detachment, that is, breaking or severing emotional bonds with the deceased' (Davies, 2003, p. 509). Davies (2003) argues that early models of grief represent the particular time in which they were constructed. Freud's theory of mourning did not fit with his personal experience of losing his daughter which he describes in a letter nine years after her death as:

'Although we know that after such a loss the acute stage of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. Actually, this is how it should be' (as cited in Davies, 2003, pp. 507-508, my italics).

More recently, psychologists have proposed grief models characterised by stages (Worden, 1991). Worden (1991) suggests that the goal of grief therapy is to resolve the conflicts of separation and to complete four tasks of mourning; accepting the reality of the loss, working through the pain of grief, adjusting to life without the deceased, and emotionally relocating the deceased and moving on. Worden (1991) explains that bereaved parents may have difficulty with the final task, but the counselling work is not to ask the parent to give up their relationship with their dead child but find 'an appropriate place for the dead in their emotional lives' (p. 17). Worden (1991) admits that it is difficult to define the completion of this task and recognises the need for the bereaved parent to 'evolve some ongoing relationship with the thoughts and memories that they associate with their child' (p. 17).

Weaver-Hightower's (2012) critiques the notion of grief 'stages' (p. 472) as rigid and unlike the lived experience of having a stillborn baby. Wing et al. (2001) argues that bereavement after perinatal loss is not a 'stage-like' process but 'like a loss of a limb or a permanent loss of functioning' (p. 61). Grief models that view pathological mourning as a failure to sever attachments from the deceased, have informed past practice to discourage parents from touching their dead infants. Parents have been perceived as 'pathologically stuck' when their grieving continued beyond six months (Wing et al. 2001, p. 62).

Rando (1986) called for a new model of parental mourning. He suggested that bereaved parents may be construed as failing to complete grief work as outlined by a general model of mourning (Worden, 1991). Alternatively it is the *normal* (my italics) experience of parental grief that resembles what is known as unresolved or abnormal bereavement. For example, parents may experience a grief process that is 'continually resurrected' (Rando 1986, p. 56). Therefore, psychological research must examine the qualitative and relational differences between types of losses. Furthermore, it is argued that normal parental grief can be misdiagnosed as pathological when the expectations placed upon bereaved parents by society and in turn by themselves are inappropriate (Rando, 1986).

DSM-V has now included 'Persistent Complex Bereavement Disorder' (American Psychiatric Association, 2013, p. 789) as a distinct disorder. The DSM-V states that Persistent Complex Bereavement Disorder is defined by characteristics such as persistent longing for the

deceased and difficulty accepting the death after 12 months (APA, 2013). Arguably, this criteria can be evaluated in the context of losing a child and moreover a stillborn baby. DSM-V (APA, 2013) does not distinguish between types of losses but generalises pathological responses for the death of 'a close relationship' (p. 789).

Stroebe, Schut and Stroebe (2005) proposed that an 'oscillation' (p. 52) between confrontation of the loss and avoidance is the most central process in adaptive grieving. Stroebe et al. (2005) developed an integrated model of grief work named the dual-process model. This model addresses two categories; 'loss orientation' (p. 50) which addresses the meaning of the loss and the nature of the attachment to the deceased, and 'restoration orientation' (p. 52) which addresses adjusting to life without the deceased. Stroebe et al. (2005) suggest that men may tend to be less 'loss orientated' and therefore attending to 'loss orientation' and confronting emotions in therapeutic work would be beneficial for bereaved men (p. 52). The present study will explore the ways the father's addressed their grief in their counselling.

Fathers do not perceive '*acceptance*' as overcoming their grief, but expressed that it was not possible to '*get over*' losing a child (Aho et al. 2006, p. 657, my italics). Samuelson et al. (2001) found that fathers expressed they would never forget their child; their grief would always be there but they learned to live with it. The present study recommends that it is necessary to understand the ways fathers continue to experience their relationship with their lost child. Furthermore, this research seeks to examine whether counselling addressed the ongoing nature of the fathers' loss as an alternative to 'grief work' defined by a set of tasks to be accomplished or a process of mourning and separation to be 'worked through'.

Thompson (1997) addresses grief as a 'socially constructed entity' (p. 76) that can be shaped by dominant gender expectations as opposed to a natural response to loss. Doka (1994) proposed that men may experience a 'double disenfranchisement' (as cited in Thompson, 1997, p. 78) when they experience a type of loss that is not openly acknowledged and encounter expectations as men to hide their grief. The present research seeks to understand how fathers experienced their grief as men and to explore how issues of gender impacted on their grieving process. Furthermore, this study endeavours to

examine how the interaction between gender and grief manifested itself in the therapeutic work.

1.5 Constructs of Masculinity: Seeking Help

Lorber (1994) argues that people learn to be women or men and that 'social order constructs holds individuals to strongly gendered norms and expectations' (p. 58). West and Zimmerman (1991) suggest 'doing gender' (p. 14) is embedded in social interaction. Addis and Mahalik (2003) propose that common to social constructionist and feminist analysis of gender is the idea that gender is 'done' in specific contexts (p. 9). As previously addressed, the way grief is measured needs to be re-evaluated as it may collude with the way 'masculinity' is 'done', that is, grief measurement tools are embedded within cultural expectations about the ways men should express their loss.

O'Neill (1998) expresses his existence in a world where men are 'confused and attacked about their role' (p. 33). After losing his daughter he felt that his grief was not a priority and looking after his family was paramount. At the same time, he wondered whether he 'hid' (p. 33) behind his role as the protector as a way of distancing himself emotionally from the experience and staying in control. He expresses feeling hurt when others did not recognise his needs, yet he also struggled to know how to talk about his experience and ask for help. After stillbirth, men seem to be reluctant to seek help and struggle to express their depression and loneliness verbally (Weaver-Hightower, 2012). O'Neil (1998) suggests that although the father's grief may be 'hidden' (p. 34), it remains critical that men still receive care and non-judgement from health professionals.

Addis and Mahalik (2003) address help-seeking behaviour in men. The paper addresses issues relating to men's reluctance to access psychological services such as psychotherapy and counselling and the importance of psychologists recognizing social norms around masculinity. Garfield (2010) suggests that men may avoid the therapeutic process because it

is associated with 'values related to emotional intimacy' which may conflict with 'dominant cultural norms that define masculinity' (p. 110).

Addis and Mahalik (2003) advocate that 'not all men are the same' (p. 7) and a sex-difference approach can support stereotypes of men and women whilst failing to acknowledge within-group and within-person differences. Addis and Cohane (2005) argue that focussing on differences between men and women limits our understanding of men (or women's) life problem experiences. Alternatively, 'gender' and more specifically 'the psychology of masculinity' (p. 635) should be concerned with variability within a gender category as opposed to sex differences (Addis and Cohane, 2005). Research must approach an 'in-depth interpretation' (p. 640) of the way gender is subjectively lived.

Therefore, the present study seeks to explore the differences and similarities within a group of men who have experienced counselling in the aftermath of their loss, as well as the personal complexities that exist within the lived worlds of each individual man. Qualitative approaches on men's experiences of mental health are able to address the 'complex and shifting constructions of meaning in ways that traditional empirical and quantitative methodologies are not' (Addis and Cohane, 2005, p641).

Addis and Mahalik (2003) develop a model incorporating the masculine gender-role socialization paradigm with social constructionist and feminist analyses of masculinity. They argue that men's help seeking behaviour is influenced by how men perceive themselves in terms of both dominant masculine norms (gender socialization) and the ways masculinity has been constructed within a specific help-seeking context. It is suggested between person and within person variability depends on how men 'do masculinity' (p. 10) when problems arise (Addis and Mahalik, 2003). It may be that a man avoids counselling as a way of maintaining a norm of emotional stoicism, or he may choose to see a counsellor when he is unable to solve his problems on his own and this can be seen as a way of taking control of his situation. I endeavour to explore the ways the fathers negotiate their identification with masculine norms in the context of grieving a stillbirth and accessing counselling.

McCreight (2004) found fathers assumed responsibility for their own bereavement after infant loss. Fathers reported growing up being told 'big boys don't cry, you are strong' and

connecting this to their experience of 'always fighting those emotions really, but when you lose a baby, it sort of confuses you, you want to tell some-one how you feel, but yet you think I'm a man, I shouldn't be feeling like this' (McCreight, 2004, p. 347). Fathers have experienced being strong as a barrier to accessing the support they needed (O'Leary and Thorwick, 2006). Aho et al. (2006) discovered grieving fathers withdrew from their relationships but also experienced 'unwilling isolation' (p. 656). I seek to examine men's sense making within the lived dichotomies of experiencing isolation and suppression and their desire to be recognised as fathers (O'Leary and Thorwick, 2006; Samuelson et al 2001; Weaver-Hightower, 2012).

Aho et al. (2009) found discussions with peers and sharing sorrow alleviated fathers' distress. Weaver-Hightower (2012) noted that his local support group for bereaved parents struggled to get men to attend or talk. He suggests that perhaps this reflects men's unwillingness to communicate openly about their losses and a structure that centres around 'traditionally feminine modes of grieving' (Weaver-Hightower, 2012, p. 483). O'Leary and Thorwick (2006) determined that although fathers expressed a need for male support groups, most men expressed they would not attend.

I suggest that one-to-one counselling differs from such support groups in that fathers are offered a therapeutic space to address their individual and unique experience. I also anticipated that a one to one meeting would better enable fathers to articulate their own particular experience in the research interview with me. O'Leary and Thowick (2006) advocated that processing inner feelings can 'open doors for a new kind of empowerment' (p. 83) for fathers. The study found that men were able to discuss their issues in the research interviews when apart from their partners and some found this to be therapeutic (O'Leary and Thorwick, 2006).

Weaver-Hightower (2012) explains that he would avoid sharing his vulnerability and find places to cry where no-one could see him, including his wife. I wondered whether a one-to-one therapeutic encounter would be considered a 'safe space to shed tears' (Weaver-Hightower, 2012, p. 483) where men could begin to express themselves. McCreight (2004) suggested that fathers need to be offered ways to discuss their experience without

compromising their masculine roles. O'Neil (1998) asks himself 'I still don't understand why I remained strong during those times and wouldn't let people into my world' (p. 34). This research will examine how men negotiated their identity as a man in the context of seeking help, specifically one-to-one counselling. Furthermore, the present study will explore how fathers' autobiographical gender norms transpired in their own therapy.

1.6 'A Double Edged Sword': The Struggle in Seeking Recognition

Samuelson et al. (2001) explains that fathers suffer a sense of emptiness and silence when the stillborn baby is delivered. In the aftermath, the emptiness and silence continues and fathers experience a wish to be left alone whilst at the same time needing help and support. O'Neill (1998) explains his hurt when people showed concern for his wife and ignored his needs. He describes a 'double edged sword of being strong on the outside and expected to cope, but crying out on the inside for someone to ask how I was' (p. 35). Cacciatore et al. (2012) described grieving fathers as experiencing a 'double bind' (p. 2) in that they felt a social expectation to remain the strong caregiver for their partners and at the same time pressure to be more emotionally expressive.

Fathers have experienced feeling overlooked and invalidated when their baby dies (O'Leary and Thowick 2006, McCreight 2004, Weaver-Hightower 2011). Stinson et al. (1992) suggest that family and medical personnel may expect the father to be strong and look after the mother. O'Neill (1998) reports feeling more isolated when people 'failed to recognize not only what had happened, but also the long term effects of losing our child' (p. 33). Fathers seek *recognition* (my italics) in the aftermath of their loss from caregivers, relatives and friends (Samuelson et al. 2001).

Samuelson et al. (2001) found that fathers expressed receiving support as an urgent need, although they perceived that their partners were better able to talk about their feelings and were more in need of doing so. Cacciatore et al. (2012) explains that discordant grieving can be managed through early intervention. Aho et al. (2009) found that support from healthcare

professionals was important but also criticised. Fathers found a follow up meeting or telephone call from healthcare professionals after leaving the hospital to be positive. They expressed lack of contact, communication, emotional support, and lack of concrete aid to be negative. Furthermore, some fathers requested more support but this was not possible or delivered too late.

Cacciatore et al. (2012) reported that men felt sad, hurt or angry when healthcare professionals failed to recognize them as a father, nor show sensitivity to the traumatic nature of this loss. Fathers felt '*acceptance*' from others (Aho et al. 2009, p. 97, my italics) to be a positive experience. McCreight (2004) found that fathers desired social recognition and validation for their fatherhood. Fathers have reported gratitude when healthcare providers supported their fatherhood (Cacciatore et al. 2012, McCreight 2004). Cacciatore et al. (2012) acknowledges the meaning for one man when his fatherhood was legitimised:

'They invited me in as father and also thought about me. They took the time to think only of me when I was momentarily in the corridor in their presence' (p. 4, my italics).

Bennett et al. (2005) described perinatal loss as a 'silent loss' (p. 181) because people may not know how to talk about it. Social attitude can compound parent's pain and may leave parents feeling distraught and alone. Hughes and Lieberman (1989) reported that fathers used words such as 'emptiness and loneliness' (p. 549) after a perinatal loss. Samuelson et al. (2001) suggested that talking through feelings of 'helplessness and alienation' (p. 129) can be helpful for fathers and recommended that caregivers should not forget these men. They also proposed that hospital staff have the opportunity to support the father in social and psychological ways. Furthermore, support from family, friends and healthcare professionals has been found to be associated with reduced distress after a perinatal loss (Wing et al. 2000).

Turton et al. (2006) concluded that fathers who experience a stillbirth need support in their own right rather than in addition to their partner. O'Leary and Thorwick (2006) suggest that fathers' sole reliance on their partner for support might explain why men experience high PGS scores in 'difficulty in coping' and 'despair' categories (Johnson and Puddifoot 1996, Stinson et al. 1992). Conway and Russell (2000) advocate a need for health professionals to

legitimize the grief of fathers as well as mothers and offer counselling where appropriate. Turton et al. (2006) established half of fathers received some professional support such as from hospital counsellors, ministers of religion, or healthcare professionals after experiencing a stillbirth. Wing et al. (2001) found that more than half of parents were not offered counselling support after their loss.

I endeavour to examine men's motivations for accessing their own therapy. I wondered whether this may have come from a sense of isolation and misunderstanding in the lived world they were grieving in. I seek insight into whether counselling provided them with an experience of a relationship which meant they felt less isolated and more understood. I hope to establish whether this in turn enabled these fathers to attend to their own needs and ask for acceptance and understanding outside of their therapy.

1.7 Men's Loss and Therapy

Cochran and Rabinowitz (1996) discuss the issues of loss that may be present in psychotherapy with men. They suggest that many men are seeking to negotiate sociocultural male roles of success and achievement and form their masculine identity. Men may adopt stereotypical male gender characteristics including restrictive emotionality, control and power in order to protect themselves from being perceived as 'feminine' and therefore stereotypically characterised as emotionally weak. It may take time for men in therapy to feel 'they don't need body armour when entering the therapy room' (Bazzano, 2012, p.24). Cochran and Rabinowitz (1996) suggest that issues of grief and loss may be manifest within men's therapy concretely and symbolically. I wondered how multiple forms of loss might be experienced by these fathers, perhaps in terms of letting go of their stereotypical masculine roles.

Stinson et al. (1992) suggests that the difference between men and women's grief processes means it is likely they require different forms of counselling and support. Stinson et al. (1992) states that 'when men do express their grief, they tend to do so in culturally

prescribed “masculine” ways’ (p. 219). Wing et al. (2001) found that men tend to seek control over the expression of painful emotions and cope with their emotions in solitude after their loss. Men can misinterpret open communication about the loss as creating pain for the other, rather than seeing this as a helpful opportunity for mutual support and understanding. It was argued that psychotherapy can help educate couples about gender difference and facilitate communication between partners. It seems this approach instils a perspective that fathers should openly communicate their feelings. The present study will examine how these men expressed their own struggle in their personal therapy. An in depth phenomenological examination of the fathers experience in their individual therapy, apart from their partner, will enable this.

Stinson et al. (1992) findings that women’s PGS declined over a two years whilst men’s scores remained largely stable or increased were explained by men’s tendency to deny their loss. This may be related to constructed gender stereotypes prohibiting men from expressing their grief openly. The concern is that father’s needs are not met when they internalise their feelings and deny their grief (Stinson et al. 1992, Wing et al 2001). Stinson et al. (1992) proposed that counsellors may need to address men’s reluctance to express their feelings and early tendency for denial within therapeutic interventions.

Bennett et al. (2005) argued that there is no normative or prescriptive mode of grieving; the variation in timing, intensity and visibility of grief reactions should be recognised.

Standardised methods of grief counselling for a traumatizing perinatal loss can be at risk of disrupting an individual’s adapting responses, which may include ‘apparent stoic reactions’ (Bennett et al. 2005, p. 183). It is necessary that fathers are offered counselling support that attends to their unique response to the experience of stillbirth. I will explore the ways these fathers found the counselling meaningful in their grieving process.

Aho et al. (2006) found that fathers experience shock, denial and numbness after the death of a child and these defence mechanisms were apparent long after the death where it had been sudden. Fathers expressed anger, bitterness, and guilt as well as profound feelings of pain, powerlessness and fear (Aho et al. 2006). The issue at stake is that men’s grief may not be recognised by counsellors or indeed the fathers themselves (Stinson et al. 1992).

O'Neil (1998) argues that fathers need to acknowledge their own grief. I seek to understand whether therapy enabled the fathers grief to be recognised and in turn whether they felt better able to recognise their experience within themselves.

1.8 Evaluating Psychological Intervention after Infant Loss

Aho et al. (2011) reported that the number of contacts from healthcare personal had a significant positive association with father's despair. It was found that fathers wanted more emotional support and 'real encounters' (Aho et al. 2011, p. 100) with healthcare professionals. Cacciatore et al. (2012) found that men expressed gratitude when they experienced highly person-centred psychosocial care and when their fatherhood was validated. Bennett et al. (2005) proposed that support and validation was particularly meaningful for parents who have experienced perinatal loss.

Aho et al. (2010) argued that there is a lack of research on fathers' grief and bereavement support. A systematic literature review on fathers' support and bereavement care after leaving the hospital was analysed using content analysis (Aho et al. 2010). Results indicated that fathers regarded different types of counselling as positive and in particular affirmation was received as positive in any bereavement follow-up contact. The review proposed a preliminary intervention programme involving formal professional support and informal non-professional support for grieving fathers to meet their individual needs. Formal healthcare support involved a one-to-one meeting or telephone conversation with the father, customised to the needs of the individual father. However, the research did not address the therapeutic value of this meeting nor explore the exact nature of the fathers' particular individual needs.

Lang (2005) argued that offering meaningful support requires healthcare professionals to be open to parents' distress and a wide range of individual responses to this loss. It was proposed that some caregivers may feel hesitant about how to include fathers in their care plan. Men may feel unacknowledged as legitimate fathers and be at risk of being

marginalized in the process of stillbirth aftercare. It is suggested that counselling may be a more suitable intervention for this vulnerable group (Lang, 2005). Counselling practitioners may be able to attend to what fathers require in terms of therapeutic support during and after a stillbirth. It is necessary to expand the research in order to understand the significant aspects of therapeutic intervention for these fathers, so that this can also be translated into general care and practice.

Murray et al. (2000) found that a programme of supportive psychological care in the aftermath of an infant death significantly reduced psychological distress amongst parents. It was expected that mothers would be more likely to benefit from the programme because women access mental health services more readily than men. It seemed the researchers were ambivalent about the fathers' need for psychological intervention. In fact, fathers and mothers both showed lower risk in developing mourning difficulties when given the intervention programme. Furthermore, all groups of fathers were influenced to seek support elsewhere following their experience of the intervention programme.

Murray et al. (2000) found limited support for their hypothesis that the intervention would benefit mothers more than fathers. Instead, they established that the quality of benefit, rather than the quantity of benefit, appeared to differ between mothers and fathers. This suggests that fathers have qualitatively different experiences and needs when it comes to psychological support in the aftermath of a stillbirth. Specifically, fathers' experienced reduced anxiety measures after psychological care and this became more commonly significant fifteen months post-loss. Murray et al. (2000) explains that men may delay their mourning so that they can meet expectations to be strong in the initial aftermath of their loss. The findings also suggest that therapeutic work may take time to become evident in the fathers' evolving grieving process.

Callan and Murray (1989) establish that therapists may need to provide long term individualised support for couples who have lost a baby. Specifically, fathers may need many months or years to deal with their loss. The article addresses how the therapist may be required to acknowledge individual differences within the couple. Therapists are advised on the intensity of grief reactions and prepared to anticipate feelings of anger. It is also

explained that parents may need reassurance about holding, dressing and interacting with their dead baby, and the need to keep reminders of their child. However, the review focuses on therapeutic intervention for the couple and fails to address the unique needs of fathers or implications for individual therapy.

Flenady and Wilson (2011) attempted to establish the effectiveness of psychological support after a perinatal loss including counselling, bereavement counselling and psychotherapy. The study was unable to establish any valid conclusions due to insufficient quality and size in their trials. It was proposed that further research is needed to examine the impact of therapeutic interventions on fathers who experience infant loss. Therefore, I will examine the fathers' experience of therapeutic interventions after stillbirth and ascertain the implications of this for future therapeutic practice.

1.9 How Do Fathers Make Sense of Stillbirth After Therapy?

Wing et al. (2001) proposed that parents may seek psychotherapy several months or even years after their loss; 'it is never too late to offer bereaved parents acceptance, information and compassionate understanding' (p. 70). It is argued that therapeutic services can address some of the complexities around this loss such as; assisting with a range of grief reactions, including guilt, anger and loss of self-esteem, as well as normalising gender differences in grief reactions. The research addresses the importance of an empathetic therapeutic environment where couples can safely process their own experience of loss. The differences between fathers and mothers are acknowledged within a coupled therapy. There remains limited research on men's experience of individual therapy and how to effectively help men in therapy as this has not been a priority in psychological research (O'Neil, 2008). Therefore the present study will strive to examine the unique ways fathers experienced their own grief, in and outside of their own therapy, without making comparisons to their partners.

Weaver-Hightower (2012) proposes that it is necessary for research to investigate the differences amongst men; the unique ways fathers mourn and prescribe to their cultural

roles. Badenhorst et al. (2006) supports the need to understand individual responses to this type of loss. I suggest IPA can confront this challenge as it endeavours to examine each individual's life world and their own particular experience before drawing on the similarities and differences across cases (Smith, 2004).

The silence around men's experience of stillbirth and counselling suggests that we are confused about what these fathers need, and more seriously whether they have needs at all. I have suggested there is limited research addressing the complex and unique ways fathers grieve and the corresponding support that is appropriate and beneficial for these fathers. As a result, I propose that this research will offer insight into the idiosyncratic ways fathers grieve a stillbirth and experience one-to-one therapeutic support in the aftermath of their loss. Potentially, this research will inform practitioners about how we 'assist bereaved men in particular' (Weaver-Hightower, 2012, p. 485).

I advocate that healthcare professionals have the opportunity to support fathers in their grief and possible post-traumatic reactions (Bennett et al. 2005, Turton et al. 2001, Badenhorst et al, 2006). Wing et al. (2001) proposes therapeutic intervention can help parents create a place for their lost baby in their lives. I look to understand the ways fathers explored their relationship with their stillborn child in their one-to-one counselling and how they made sense of their loss after therapy.

1.9.1 Research Aims

In summary, the current literature remains predominantly focussed on the mother's experience of infant loss. Where the father's experience has been researched, measurements of grief may fail to address the unique ways men experience their loss. Men may express their grief in ways that are deemed more socially acceptable and gender appropriate. Fathers may hide their despair in order to retain the role of being strong and supportive for their partner. It is necessary that the individual father's experience within a cultural context of stereotypical gender norms be examined. In conjunction, the research suggests that men who have lost a child may be reluctant to access support such as counselling. Fathers may struggle to find recognition and understanding in response to this particular loss. It is necessary to understand how healthcare professionals can provide adequate support for these men. The qualitative experience of counselling/therapy for fathers who have lost their stillborn baby has not yet been studied. It has been argued that an exploration of the father's lived experience and knowledge of how these men can be supported within a therapeutic setting is required.

Therefore, the following research questions will be addressed:

How do fathers experience the loss of their child due to stillbirth?

How do fathers experience one-to-one counselling in the aftermath of their loss?

How do men negotiate their relationship with gender norms and expectations in their experience of this particular loss?

How does counselling impact on their experience in the aftermath of this loss?

CHAPTER 2: METHODOLOGY AND METHODS

This Chapter will address the ontological and epistemological positions of the present research. It will outline how the researcher carried out an Interpretative Phenomenological Analysis on the father's sense-making of a stillbirth after therapy. In particular, a commitment to reflecting on the embodied inter-subjective relationship between the researcher and the participants will be presented. Alternative approaches to the research will be reviewed. Ethical considerations will be evaluated in the context of researching this particular group of men. Methods used in the interview, recruitment, and analytic process will be explained.

2.1 METHODOLOGY: An Ontological and Epistemological Position

2.1.1 Phenomenology

Phenomenologists seek to capture the lived experience (Finlay, 2011, p. 15). Husserl defined phenomenology as the study of 'the essence of conscious experience' (Finlay, 2011, p. 44), and argued that in order to understand how things show themselves to us we must leave aside previous knowledge and prejudice. This notion of reduction or bracketing invites phenomenologists to set aside the '*natural attitude*' (Finlay, 2011, p. 47) so that we can return to the phenomenon. I anticipated that fathers may embody their own grief and struggle to know how to position them-selves in the world as a suffering man. Although I attempted to set aside my prejudices, it was through the process of being with these men that I learned about my '*natural attitude*' as a woman and as a therapist. I reflected on my pre-conceived notions about these men, for example my expectation that they may feel bound and burdened by culturally constructed gender norms such as emotional stoicism.

Heidegger argued that we are inseparable from the world we are in, and therefore it is impossible to completely bracket off our way of seeing the world (Langdridge, 2007). We are embedded in a world of language, culture, ideology, and expectations. Phenomenon can only be understood in terms of our involvement with it; which Heidegger defined as *Dasein* (literally 'there-being') or '**being-in-the-world**' (Finlay, 2011, pp. 49-50). I was emotionally invested in my research questions from the outset (Finlay and Evans, 2009). I explored in therapy and supervision my desire to understand the bond between parent and baby, and the experience of this being '*taken away*' (as quoted by participants Anthony, Alistair, David, Danny, my italics).

Larkin et al. (2006, p. 107) describes Heidegger's philosophy in terms of a 'minimal hermeneutic realist' position. This position recognizes that things exist, and exist without us, but we can only understand these things because we encounter them (Larkin et al. 2006). This means our understanding of phenomena is through our relationship with it. In phenomenological research, this understanding is realised through the relationship between researcher and participant. In other words, I am embedded in a social and cultural world and I have understood these fathers from my own relative, interpretative standpoint (Finlay and Evans, 2009).

Within this research I stand in a 'critical realist' position; I have created something of the father's subjective experience and endeavoured to capture as closely as possible the way the phenomena of stillbirth and counselling was experienced by these men. However, I recognize that my interpretations are subjective and that knowledge is 'partial, emergent and co-constructed' (Finlay and Evans, 2009, p. 21). Therefore, in being a relational researcher and using IPA methods and methodology, I sought to critically and reflexively examine my responses to these fathers and their data (Finlay and Evans, 2009).

What follows is a discussion of how IPA addresses the ontological position of minimal hermeneutic realism (Larkin et al. 2006) together with an interpretivist epistemological position (Finlay and Evans, 2009).

2.1.2 Interpretative Phenomenological Analysis (IPA)

IPA methodology is characterized by 'a reflective focus on subjective accounts of personal experience', 'idiographic sensibility' and a 'commitments to the hermeneutic approach' (Finlay, 2011, p. 140). IPA aims to explore in detail the participant's lived experience and 'how participants make sense of that personal experience' (Smith, 2004, p. 40). However, IPA engages with 'sense-making' at more than a cognitive level, it seeks to explore the embodied, cognitive-affective and existential meanings of experience (Finlay, 2011, p.140). I was committed to exploring how fathers made sense of their loss after counselling, in such ways and my data analysis includes my own embodied responses.

IPA's hermeneutic commitment is demonstrated in its use of the 'double hermeneutic' (Smith and Osborn, 2003, p. 53) where the researcher strives to make sense of the participant making sense of his experience. Hermeneutic approaches view the 'knower and the known as fundamentally interrelated' (Taplan, 1997, p651). Therefore interpretation involves a hermeneutic circle:

'the interpreters perspective and understanding initially shapes his interpretation of a given phenomenon, and yet that interpretation as it interacts with the phenomenon in question, is open to revision and elaboration' (Taplan, 1997, p. 651, my italics).

In the process of being-in a hermeneutic circle with these fathers, I remained open and reflexive in my interpretations. I attempted to acknowledge my preconceptions, yet in 'encountering a text, I do not necessarily know which part of my fore-structure is relevant' (Smith, 2007, p. 6). Moreover, I was moved and changed by the fathers and their words and it was in this hermeneutic circle that I was able to better understand myself and my preconceptions.

IPA is idiographic, inductive and interrogative (Smith, 2004). It is idiographic in that it involves the micro-level analysis of one case at a time across a small sample in order to delve deep into the particular (Smith, 2004). Smith (2004) argues that in delving deeper into the other's particular experience that is different to our own, we can get closer to 'significant

aspects of shared humanity' which he sees as akin to Husserl's notion of 'essence' (p. 43). For me, capturing this 'essence' was an emotional and embodied experience: as I was with these men and their data I was able to draw on the existential and emotional domains I inhabit in order to come closer to theirs.

IPA is inductive as it involves a flexible approach to data analysis allowing unanticipated findings to '*appear*' from the data, that which '*shows itself, and is brought to light*' (Smith 2007, p. 7, my italics). Heidegger's phenomenology examines something that is 'latent as it emerges' and that which has come to view on the surface is connected to a 'deeper latent form' (Smith 2007, p. 7). In this way, hermeneutic activity involves a dynamic relationship between the '*part and the whole*' (Smith, 2007, p. 5, my italics). The researcher understands the parts by looking at the whole and the whole by looking at the parts (Smith, 2007). In my analysis, I found single words shed light on whole meanings, as single case studies brought light to life (Smith, 2007).

IPA is interrogative because the findings stand in relation to existing research and contribute to psychology by informing or interrogating existing literature (Smith, 2004). IPA is focused on the possibility of transferring findings from group to group rather than making generalizations (Heffron and Gil-Rodríguez, 2011). Smith, Flowers and Larkin (2009) describe this as 'theoretical generalizability' where the reader may 'assess the evidence in relation to their existing professional and experiential knowledge' (p. 4). I anticipated that what can be understood from the eight fathers I interviewed could help inform practitioners how to work with this particular loss therapeutically as well as in other domains of healthcare.

The challenge for the IPA researcher is to establish a balance between what is described and represented by the participant and what is interpreted by the researcher within a context (Larkin et al. 2006). Although I saw my embodied reflexivity as being at the heart of this hermeneutic process, I also engaged with 'reflexivity as intersubjective reflection' (Finlay, 2002a, p. 215). I did not want my position as the researcher to become 'unduly privileged, blocking out the participant's voice' (Finlay, 2002b, p. 541) but I emphasise the co-created meaning making between myself and each of the eight men I interviewed.

2.1.3 Embodying Research

Finlay (2014) argues that the embodied intersubjective relationship between the researcher and the researched, as between therapist and client, can be a way of exploring an individual's '*being-in-the-world*' (p. 5, my italics). Finlay (2014) suggests that the body acts as a 'detector of meaning' (p. 6) helping the researcher to understand the participant and that this can be reflected on in the relational space between researcher and participant whilst collecting data and analysing it.

Merleau-Ponty (1945, 1962) proposed that consciousness is perceptual and embodied and through bodies we understand others (as cited in Finlay, 2014). He argued that our way of being open to the world is through our bodies, our flesh. In our encounters with others, there is an intertwining; an inhabited inter-subjective space (Finlay, 2014). Therefore, in my endeavour to research the lived experience of these fathers, I suggest that I was required to '*be-with*' these men, 'permitting oneself to be touched and respond' (Finlay, 2014, p. 8).

Merleau-Ponty (1964, 1968) explores the 'interpenetration of self-other, body-world' (as cited in Finlay and Evans, 2009, p. 32). The body is a place of relational understandings. Existential phenomenologist's believe our shared embodiment enables an empathy and understanding of the other (Finlay and Evans, 2009). I position myself within an 'embodied enquiry' (Finlay and Evans 2009, p. 32) in that I attended to the experiences in my body when I met these fathers and analysed their interviews. I reflected on profound changes in my body as I listened to them and immersed myself in their experience. At the same time, I had experienced a new relationship with my own body; I was recovering from an illness whilst interviewing the fathers and I reflected on how this became part of my experience with them.

IPA is effective in offering insight into phenomena impacting on the body, the self and relationships with others (Larkin et al. 2011). IPA intends to interpret the meaningful lived aspects of the others '*being-in-the-world*' (Larkin et al. 2011). Therefore, I sought to understand how these fathers experienced their loss as an 'embodied and situated person'

(Larkin et al. 2011, p. 330). In other words, I wondered how as men, in male bodies, situated in a world implicated by the politics of gender, they made sense of this loss after counselling.

2.2 Consideration of Alternative Methods

Like Discourse Analysis (DA) IPA recognizes that interpretations are shaped by language; we are limited and enabled by language (Larkin et al. 2011). However, IPA does not share the same deconstructive aims as DA (Smith et al. 2009). Smith (2011) explains that IPA researchers analyse how people make sense of their experience using language whereas DA examines language in order to learn about how people construct accounts of their experience. DA maintains a stronger commitment to social constructionism (Smith et al. 2009). Although IPA strives to understand the 'person-in-context' (Larkin et al. 2006), DA offers a critical analysis of the context itself. IPA takes value in the constructionist view whilst affirming 'experiential meaning making' as a useful way of understanding psychology (Larkin et al. 2011, p. 327).

Grounded Theory (GT) was originally developed to open up the space for new, contextualized theories in sociological research (Willig, 2013). The aim of GT is to move towards 'theoretical saturation' (Willig, 2013, p. 72). GT researchers are interested in generating a 'theoretical-level account of a particular phenomenon' by using a systematic, structured, and operationalised guide (Smith et al. 2009, p. 201). Smith et al. (2009) suggests that the relationship between IPA and GT is similar to IPA's relationship with Giorgi's phenomenological approach; the former looking to generate a theory of phenomena and the latter a general structure of phenomena. In contrast, IPA is concerned with the 'micro-analysis of human experience' (Smith, 2009, p. 202) which I suggest is akin to the therapeutic aims of Counselling Psychologists. IPA embraces the 'complex reality of psychological process' (Smith, 2004, p. 44). This study proposes an in depth analysis of a small sample size which GT would not allow for (Smith et al. 2009).

2.3 Ethics

In my 'Ethical Application' to The University of Roehampton I proposed that I would use the British Psychological Society (BPS) Code of Ethics and Conduct throughout this research process (BPS, 2009). Key standards outlined by the BPS include: standard of informed consent, standard of privacy and confidentiality and anonymity, standard of self-determination (giving participants the right to withdraw) and standard of debriefing the participants. The University of Roehampton Ethics Committee approved my research (see Appendix 15) and I briefed (See Appendix 10) and debriefed (See Appendix 11) my participants.

I found that 'negotiating an ethical path can be tricky' (Finlay and Evans, 2009, p.159). I asked myself; do these fathers know what they are consenting to? Where are my boundaries between being the therapist and being the researcher? When am I responsible for these men and when can they take responsibility for themselves? Finlay and Evans (2009) call upon 'relational ethics' (p. 159) to recognize the intersubjectivity between the researcher and the researched. It is argued that at every stage of the research process, the researcher needs to examine the imbalances of power that may emerge (Finlay and Evans, 2009). Thompson and Russo (2012) argue there are complexities within informed consent and ensuring privacy before an interview. The nature of explorative qualitative research means that the researcher and researched cannot know exactly what they will discuss (Thompson and Russo, 2012).

Many of these fathers wanted to contribute to this research because it was deeply personal and meaningful to them, thus self-determination and ethical responsibility appeared under a new light. Most fathers wanted their voices heard, and despite this perhaps causing them some distress within the interview process, a greater harm might have been experienced had they felt their contribution was not useful (Thompson and Russo, 2012). I found myself telling each father that they would be able to access my thesis online when it was completed, hoping that this might demonstrate the significance of their participation.

Craig contacted me when he was just beginning therapy and shortly after losing his baby. I had to carefully navigate his desire to take part in the research before he had ended his counselling. In my original ethical proposal I had stated that fathers needed to have at least six months between their final counselling session and the research interview. I wondered how long I could leave Craig waiting and my supervisor asked me to question my own ethical principles. In the end I amended this six month break to four months with approval from The University of Roehampton Ethics Committee. Craig cried throughout his interview, his loss was more recent than the other fathers, and he spoke with me for nearly three hours. Drawing on my integrity as a researcher and my developing skills as a trainee Counselling Psychologist, I made the decision to give Craig a space to express his experience although this was distressing for both of us.

Thompson and Russo (2012) explain that providing complete anonymity of small participant groups can be challenging. James informed me that he did not need to be kept anonymous in the write up of the study. Perhaps he felt he wanted to be transparent about his experience and although I respected his autonomy, I felt I needed to protect him from this. I decided that I wanted to name the babies in my research in a dedication at the start of this thesis whilst retaining anonymity in all other areas of the write-up. I contacted the fathers to ask their permission to do this and found this was met with their support.

The similarities and differences between therapy and an interview for IPA research were considered. As a Counselling Psychologist in training I have therapeutic skills which can facilitate 'quasi-therapeutic relations' (Brinkmann and Kvale, 2008, p. 267) in research. I found myself negotiating the tensions between maintaining some professional distance, taking care of my participants, and being aware of therapeutic processes. When I began to sensitively draw Craig's interview to a close, he reminded me; *'yeah, I mean this isn't therapy for me'*. I held back from making particular interpretations during the interview process; 'when an academic interviewer makes interpretations, which go beyond the self-understanding of an interviewee several ethical issues are raised such as: should participants be confronted with the new interpretations of themselves which they may not have asked for?' (Brickmand and Kvale, 2008, p. 271). I reflected on my interpretations as I

'met' with the fathers once again in the analytic process. During the analytic and interview process, I strove to balance my commitment to the 'interpretative' (Smith, 2004) in IPA and my ethical commitment to the fathers that took part in this research.

2.4 Reflexivity

Shaw (2010) proposes that reflexivity is a hermeneutic reflection, integral to hermeneutics and phenomenology. As IPA is hermeneutic and phenomenological, it recognizes how the researcher's presuppositions can 'hinder and enhance' (Shaw, 2010, p. 235) the interpretation of the others lived experience. Finlay (2008) calls for a 'dialectical dance' (p. 3) between reduction and reflexivity whereby the 'phenomenological attitude' (p. 11) is not simply about suspending presuppositions but being open to being transformed by the other. Finlay (2014) suggests that this requires a critical and embodied self-awareness in order to reflect on their intersubjective processes during research.

My subjectivity and inter-subjective relating is inevitably a part of this research process, yet I attempted to remain aware of my prejudices and be open to discovery. I hoped that my research would give these men permission to reveal something to me and reflected on my intentions. Perhaps I was demanding something from them in this way, to speak of their 'hidden emotions'. At the same time, my pre-understandings of masculine stereo-typical norms gave me a 'source of insight' (Finlay, 2008, p.1). My cultural embeddedness informed and influenced me. I reflected on how being a woman hindered and enhanced my understanding of being a man. I could not 'bracket off' that which I am unaware, but through the research process I became aware. The present study was an opportunity for shared interrogation and understanding.

Finlay (2014) advocates engaging in 'reflexive embodied empathy' during data collection and 'embodied dwelling' during analysis (Finlay, 2014, p.6). Finlay (2014) calls upon researchers to reflect 'reflexively' (p. 8) on the meanings that arise out of research and the role of the researcher embedded within these co-created meanings. During analysis, the

researcher becomes immersed in the data, in a place of dwelling, in order for embodied meanings to emerge. I experienced an 'embodied lived experience' (Finlay, 2014, p.10) in response to my participant's interviews. I was transformed and moved by their experience. I went to places that I felt could not be conveyed through language alone and in this way I felt bound by words. Finlay (2014) argues that the ultimate aim of phenomenological research is to: 'express in language embodied experience, and to do so in a way that captures the ambiguous layers of meaning as fully as possible' whilst acknowledging that, 'whatever meanings and insights emerge, much more always remains unsaid' (Finlay, 2014, pp.10-11).

2.5 METHODS

2.5.1 Sample and Sampling

When I first began my recruitment process I reflected on how to term the experience of miscarriage or stillbirth for men. I did not want to name the man's loss for him, at the same time I did not want to silence it. I wondered how I was entangled in an embodied process with these men. Like the fathers, I struggled to know how to position myself in this experience. At the same time, I reflected on my desire to 'give voice' to the father's experience which was stated in my advertisement (See Appendix 12).

My sample was recruited 'purposively' (Smith et al. 2009, p. 48). Initially, I set out to find men who had experienced a late miscarriage or stillbirth. During the recruitment process, my research developed and changed. I recognized a distinction between stillbirth and late miscarriage within the sampling frame. My study transformed into understanding the particular phenomenon of stillbirth. Men who had experienced stillbirth came forward and I wondered whether these men were more able to identify themselves as fathers. This transformation also illuminated the particularity of this experience.

National Charities and Organizations were approached but I experienced a silence and shutting out amidst these established bodies. I turned to social media and created my own account named 'Father's Grief'. I began to make contact with fathers who had lost babies due to stillbirth or neonatal loss. I discovered blogs and forums that had been created by fathers in order to express their experience. It felt as though a 'hidden' movement in a cyber world had been found.

A small registered charity, set up by a family who had experienced stillbirth and now supported others going through a similar experience, was particularly helpful in the recruitment of fathers. I found there were movements akin to this that welcomed my research. I advertised through 'The Fatherhood Institute' and found men began contacting me about different forms of baby loss including abortion. I found it difficult to turn these men away who did not fit my recruitment criteria; it seemed they were searching for recognition and understanding.

After five months of 'snowballing' and 'opportunities' (Smith et al. 2009, p. 49) I found eight men who had experienced stillbirth and one to one counselling. IPA is idiographic in that it endeavours to analyse each case study in great depth. Hefferon and Gil-Rodriguez (2011) point out that 'less is more' (p. 756) in IPA research and it is suggested that four to ten participants is suitable for Doctorate IPA research (Hefferon and Gil-Rodriguez, 2011, Smith et al. 2009).

My sample was homogeneous in terms of understanding the father's experience of stillbirth. At the same time, I accepted some differences between my participants due to practical limitations. The father's experience of one to one counselling ranged from two sessions to more than six sessions and some fathers had also experienced other forms of therapeutic support (see Demographic Table)

2.5.2 Demographic Table

	DoB Occupation	D of Loss	Pregnancy	No of Pregnancy	Other children	Start of Counselling	Individual Counselling	Group	Couples
Anthony	21/08/1964 Age: 50 Builder/ Electrician	3 rd Nov 1989	Full Term	First	Son (17) Daughter (24)	Immediate	6 sessions (with Hospital)	Ongoing Sands group up to a year	Several therapists over 15 yrs
Alistair	26/05/1975 Age: 39 Despatch Clerk	8 th June 2012	40 Weeks +2	Second	Daughter (3) Pregnant with Son at time of interview (born Boxing Day 2013) Son with previous partner (7)	Nov, Dec, Jan 2012 (After 5 months)	3 sessions monthly	Immediate	None

Sean	08/01/82 Age: 31 Teacher	5 th Feb 2010	37 weeks	Second (only daughter)	Son (6) Son (2)	After 3-4 months	June-Sept 2010 8-9 sessions (Bereavement service) Feb-Sept 2011 CBT NHS 12 sessions fortnightly June/July 2012 City Council 4 sessions EMDR	From May 2010 Sands ongoing every month	None
David	04/01/1974 Age: 40	26 th May 1999 <i>Previous Miscarriage</i>	39 weeks Full term	First	Daughter Son	After 3-4 Weeks	6-8 sessions (Private) over 2-3 months	Unknown	One with GP

James	27/06/1975 Age: 39 IT technician at school	4 th August 2012 (found out)	41 Weeks	Second	Daughter (9)	Late Nov 2012 (after 4 months)	3 sessions (with Hospital)	Ongoing Daddy's Angels	6-7 sessions (as couple) 11 sessions total ended March 2013 – initially weekly then fortnightly
Chris	01/06/1979 Age: 34 Partner of Estate Agency	18 th July 2009	Full Term +13 days	First	Daughter (3) Son (18 months)	After 2 months	Two (Private) Community Midwife	Sands	Four (Private) +2 Sessions, one with 2 other therapists

Craig	15/12/1976 Age: 37	6 th June 2013 Found out 30 th May 2013 <i>Miscarried Easter 2012 after 10 weeks</i>	30-31 Weeks (7 months)	Trying for 5 years	None	12 th July 2013 (after one month) To 30 th August 2013	7 sessions and 1 on phone	None	None
Danny	08/03/1980 Age: 34 Police	26 th Nov 2012 <i>Miscarried March 2013</i>	42 Weeks	First	27 weeks pregnant cesarean due 28 th Feb	Jan/March 2013 (after two months)	Triage NHS 8-10 sessions Fortnightly until June 2013	Ongoing	None

2.5.3 Inclusion and Exclusion Criteria of Participants

The men who took part in this study had all experienced losing a baby due to stillbirth as defined by the death of baby after 24 weeks of pregnancy (Fairban, 2014). All the fathers had experienced one to one therapy/counselling for a minimum of two sessions in the aftermath of their loss and in response to their grief. All the fathers had completed their counselling at least four months prior to the research interview. I communicated with each father by phone or email before meeting them to ensure they met the inclusion criteria and understood the purpose of the research. I discussed with each father the nature of the study and sensitively determined whether they were prepared and willing to talk about their loss. In briefing the participants before we met, I gave the fathers an opportunity to reflect on their decision to take part in the research and withdraw if necessary. I allowed each father to suggest a suitable time and place to meet. I did not include men that had experienced other forms of infant loss such as early neonatal death. I did not include fathers that had not experienced one to one therapy/counselling. Some fathers had experienced group support and couples therapy in addition to their individual counselling.

2.5.4 Interviewing

Semi-Structured Interviews were carried out which included some loosely prepared questions (Finlay and Evans, 2009). An example of my Interview Schedule can be found in Appendix 9. Finlay and Evans (2009) suggest the interview should progress with fluidity. As the fathers were talking about such a personal and meaningful topic, I did not need to deliver an extensive or exhaustive set of questions. Alternatively, I prepared to learn from these men and be with them. I embodied an authentic encounter in that I was aware of meeting the father in the present moment and acknowledging his experience (Finlay and Evans, 2009).

Two pilot interviews were conducted so that I had some experience of being with men who had experienced stillbirth. The men I spoke to in my pilot interviews had not accessed one-to-one therapeutic support. I learned that the interview could be better conducted in a place that felt safe for the participant (Smith et al. 2009) and I asked the fathers where they would like to meet. I visited the fathers in their homes or workplace, conducting the interview in a private space that they had invited me into. I remained open, sensitive, and empathetic in my approach (Finlay and Evans, 2009).

As previously explained, I communicated with the fathers via email before meeting them and I spoke to some fathers on the telephone. I felt inclined to build some rapport and understanding before the interview. The fathers were informed that the interview would last between one and two hours. Two fathers spoke for longer. Although this was somewhat unexpected, I remained focused on the research topic and wanted to allow for this space and time, thus following my intuition in the moment (Finlay and Evans, 2009). I began to record my embodied responses to the fathers after each interview and I re-engaged with this reflexive process during analysis (see Appendix 14 for a transcription of my recorded reflexivity after interviews).

2.5.5 Analysis

Each interview was transcribed and during this process I was able to listen attentively to the father's accounts once again and connect with my embodied responses. I created descriptive, linguistic, conceptual, and reflexive notes in response to data (Gee, 2011).

Appendix 1a demonstrates my engagement with Chris's interview, the fifth interview, during this process. I reflected on the parts and the whole (Smith, 2007), for example finding words (parts) in sentences (whole). Having analysed the interviews in this way, I went back through the data and created 'initial themes' for each individual interview. Appendix 1b shows Chris's initial themes and my process comments during this process. I highlighted quotes that felt particularly significant within my initial themes. By reflecting on each interview as a whole, I

was able to make more sense of the parts that stood out to me as I re-engaged with the data (see Appendix 2). I attempted to 'cluster' (Smith et al. 2009 p. 96) my initial themes whilst remaining flexible and tentative in my approach. Appendix 1c shows Chris's initial themes brought together in clusters and named, creating higher order themes.

I presented my data to IPA research groups during this initial phase of analysis. I sought feedback on whether my initial themes and higher order themes were grounded in my data. Appendix 3 provides an example of tentative clustering discussed at an IPA Peer Group meeting early on in the analytic process. I presented some initial themes with data at a Data Analysis IPA Workshop and clustered themes at the Regional IPA Group. I was able to reflect on my subjectivity, assumptions, and ethics, by sharing my responses to the data with others. As my analysis progressed, my themes and clustering grew more in depth. See Appendix 4 for example of clustering the initial themes from my final interview. At the end of this part of the analysis, I went back to the first interview that had been analysed to re-work the coding and themes for this interview.

Having completed this process for each interview, I began to look for cross-case themes. Three Master Themes began to appear clearly to me. I created a mind map exploring the nuances within my three Master Themes returning back to the initial themes in their clusters from each interview (See Appendix 7). After re-working my cross case themes with my supervisors, I established and named my Master Themes and Subthemes. At this stage, I went back to the data once again. I re-engaged with my transcripts and searched for data that captured the depth and complexity, the convergences and divergences, within my Subthemes. It was at this stage that I worked on weaving the 'part' (Smith, 2007, p. 5); in particular the father's therapeutic experience, into the experience as 'whole' (Smith, 2007, p. 5). I created a frequency table for all Subthemes within my Master Themes (See Appendix 5). I highlighted phrases and words that had appeared as 'gems' in the analytic process (Smith, 2011, p. 10). Particular words and sentences 'appearing' and illuminating the father's experience (Smith, 2007, p. 7). I reflected on the individual interviews as whole encounters and the parts that had moved me (See Appendix 6).

At times, my analytic engagement with the data felt 'messy' and overwhelming. I had to allow myself to sit with uncertainty and fragments whilst at the same time attempting to piece together a coherent whole. I was authentic in my responses to the data but I also felt protective of these men. Smith (2004) distinguishes between 'hermeneutics centred in empathy and meaning recollection' and 'hermeneutics of suspicion' (p. 46). Smith (2004) suggests that within IPA analysis, empathic reflection comes before a more critical engagement with the data.

I asked myself questions that perhaps 'the participants would be unable or unwilling to see or acknowledge themselves' (Smith, 2004, p. 46). As a Counselling Psychologist in practice, I make critical interpretations to deepen my understanding of the individual's experience, and *may* share these interpretations within the realms of empathy (my italics). In a similar therapeutic vein, as a 'relational researcher' (Finlay and Evans, 2009, p. 30) my write-up was critical yet partial, tentative, and humble. After all, these fathers were not able to give consent to my interpretations. Finlay and Evans (2009) argue that ethical and relational concerns with power, protection, respect, and safety are integral to all stages of research no less the analytic stage. In the writing up stage, I experienced a 'freedom to move backwards and forwards' between the analytic stages, the parts and the whole (Gee, 2011, p. 20). I was touched in new ways by the fathers; I was able to dance with their words and mine (Finlay, 2014). The analysis became both art and science (Smith, 2007).

CHAPTER 3: ANALYSIS OF DATA

This Chapter presents Master Themes and Subthemes of the research. I will proceed to give a detailed reflective interpretative account of the analysis. The themes will be enlightened using quotes from the father's interviews and my interpretations. I will illustrate my own embodied responses after meeting the fathers using quotes from recorded reflections after the interviews.

For each theme I will present the lived experience for the fathers; how these themes emerged in their experience of stillbirth and therapy. I will also reflect on how the themes transpired in the research process and were part of my experience. I shall give a final reflexive account of my response to the analytic process.

3.1 Summary of Master Themes and Subthemes

The first of the Master Themes is the 'Relationship with Child' encompassing the embodied relationship between the father and his stillborn child, that is an emotional and physical relationship experienced during pregnancy and after birth. The father finds ways to hold on to his stillborn child by retaining physical entities that are *part of* and symbolic of his baby's life. The father continues to have a relationship with his deceased child in the aftermath of his profound loss.

The second Master Theme is the 'Relationship with Self' as the father's sense of self is changed in individual and complex ways. Within this transformation, the fathers reflect on making sense of their masculinity. These men experience mess and confusion in response to an embodied and *shattering* loss.

The third Master Theme is the father's 'Relationship with Others' which demonstrates how his experience of loss and isolation is compounded when his grief goes unrecognised by others. Individual counselling provides these fathers with the *relational space* to have their fatherhood and loss recognised and legitimised. The fathers expressed an individual and unique experience that is separate to others and some fathers were able to make sense of this when it was validated in their one to one therapy.

3.1.1 Summary Table of Master Themes and Subthemes

<u>Master Themes</u>	Relationship with Child	Relationship with Self	Relationship with Others
<u>Subtheme 1</u>	The Embodied Relationship	The Embodied Self: Falling Apart and Hitting Home	Silenced Grief: Pain When His Experience is Not Recognised
<u>Subtheme 2</u>	Holding On	The Masculine Self	Being Different: Hidden Grief
<u>Subtheme 3</u>	Continued Existence: The Relationship That Lives On	The Mess	Being Touched: Discovered Meaning When His Experience is Recognised
<u>Subtheme 4</u>	Loss	I Am Changed	

3.2 RELATIONSHIP WITH CHILD

The first of the Master Themes is the 'Relationship with Child' encompassing the embodied relationship between the father and his stillborn child, that is an emotional and physical relationship experienced during pregnancy and after birth. The father finds ways to hold on to his stillborn child by retaining physical entities that are *part of* and symbolic of his baby's life. The father continues to have a relationship with his deceased child in the aftermath of his profound loss.

3.2.1 Subtheme 1

The Embodied Relationship

During the interviews and subsequent analysis of the data I realised how each father experienced an embodied relationship with their baby. Most fathers were aware of this experience during the pregnancy. Although separated from their baby by the mother's body, they described a physical and emotional relationship that was also experienced within them.

*'I just sort of felt **part of it** (yeah) by the description, by (yeah) , feeling that it was, it's not that something that isn't happening, **it's really happening and you, you feel part of it**' (Anthony)*

Although he is separated by bodies, Anthony feels 'part' of his pregnancy and he is able to share the physical experience with his partner.

Danny, Chris and David talked about physical bonding with their child through pregnancy.

*'I spent nine months with him, because I talked to, I talked to him when we were sat watching tele, I'd just lean down and say hey (yeah) and this that and the other, so I've, **I've known him for, for ten months** (yeah) I might not have seen him (yeah) so you can't just get rid of ten months worth of emotion' (Danny)*

I thought about time and space as I delved into the father's experience of losing a child. After birth, a new physical space allowed the father and baby's bodies to meet. At the same time, the fathers could only be with their baby for a precious finite space and time. However, the relationship they had with their baby was experienced as infinite. Their love was abundant and for Danny time with his son continues; nine months becomes ten months.

When the fathers meet their babies after birth the relationship evolves significantly; '*he became a real person*' (Anthony). Craig describes the moment when he sees his daughter:

*'it was like a moment of, of just emotion that I, I you know, I've never felt before (mm), but it, suddenly I saw her in a, in an instance, it was, she stopped, it's she stopped being the baby (mm), and suddenly **that's your daughter (mm) um, you know that's Lucy**, cos we'd already picked the name, so you know that' Lucy, and er, **I kind of suddenly felt, I felt, I suddenly felt this um (pauses as crying)...** and on, on seeing her, that just (mm) (he makes a blowing up sound) like a, like an explosion just overwhelmed, and er, I don't know why I don't know if I was supposed to or not I just picked her up ... through those six days, she'd been, she'd just been the, she'd been the baby, and we've already lost Lucy, but **at that point she became, she became the person**' (Craig)*

When Craig meets the body of his daughter, she becomes a person to him and he is able to place his feelings about Lucy into her body. This allows him to experience a fully embodied experience of love and attachment towards his child. All the fathers talked about the importance of spending time with their babies and holding them. They described their children's bodies as '*beautiful*' (Alistair, David, Chris, Craig, Danny) and '*perfect*' (Anthony, Alistair, Sean, David, Craig, Danny).

Anthony told me how he saw himself in his baby, reminding me of the early mother-infant gaze:

*'I felt quite, **almost like I was looking at myself at the time, it felt so bizarre, that it actually happened, it didn't entirely feel 100% real at the time** (yeah), it was almost as if he was gonna cough and then come back to life (yeah), you know and that, it really felt like*

*that as well, because he wasn't cold he wasn't stiff, **he was a real baby (mmm) you know, just, really, very difficult to let go'** (Anthony)*

Yet these babies never open their eyes. The fathers found themselves somewhere between life and death. They experienced a real and alive relationship with their child, yet held a body that would become cold in time. Danny decided to leave his son Tom, once he began to change colour. Sean showed me a black and white picture of his daughter Poppy, explaining that this photograph hid the deterioration of her body.

Craig described himself being in a place of '**limbo**' at several stages throughout his experience of being in hospital. I felt in '**limbo**' with him as I anticipated the birth of his baby in the interview. Craig talked to me for over an hour about the process of labour he witnessed which in reality took several days. The word '**limbo**' resonated for me when I went back to his interview in analysis. Apart from a state of waiting, I realised that '**limbo**' has been defined in some Christian beliefs as the supposed abode for souls of unbaptised infants. I thought about a space between life and death, the real and unreal, when these fathers met their babies. It was as if they found themselves in a place between heaven and hell.

The embodied language is that of anguish; '*it kind of **hit me** then, once Matilda had been delivered... that's when it really **kicked in**... she's still my daughter whether she's kicking, breathing or not, **she's still my flesh and blood**' (Chris). The embodied experience was that of being hit by love and loss, an explosion of overwhelming love and pain. Furthermore, some fathers described an experience inside of their bodies; '*somebody had just, **ripped me insides out** (mm), and you know (mm), **taken all the life out of me completely**' (David). This reminded me of the physical experience of losing a baby from the mother's womb.**

The fathers told me about the time they spent with their babies:

*'I had forty five minutes on my own and I just talked about everything that I wanted to do with him and how you know... **we talked** about sport and the fact that I love sport and no matter what your mum says you're gonna be a villa fan and all the kind of **this nonsense**... I kind of feel no matter what we've always got that, forty five minutes where, **to me he was alive***

(yeah), for that forty five minutes (yeah, yeah) um (crying) and, and **it was just father and son having a chat'** (Danny)

I wondered whether meeting the baby's body helped the fathers experience their baby as having lived. I was struck by how Danny used the present tense to describe his time with Tom in the hospital; in this moment of meeting, his son is alive, and they can relate to each other. It was meaningful for him to have his own time away from his partner to be a father to his son. It feels as if he wants to share all the life and time he imagined he would have with Tom in these precious minutes.

In a similar way, Anthony shows his baby Josh the world:

'it's a **peculiar thing**, no-body teaches you how to be (yeah) um **human** (laughs) (yeah) you just are, and so when you are left with that situation you don't really know, I mean I took him outside and actually said, you know... **This is the world...** (Yeah) This is... (Yeah, you showed him the world, yeah)... (He Cries)... It does... (It's alright to) (He breathes out loudly) (get upset) (Pause)... It's still... It's sad... **But I'm not quite sure... It triggers something in you'** (Anthony)

The uncertainty and peculiarity of loving and losing a child that never see's the world, was experienced in different ways by all the fathers. I find myself validating Anthony's emotional experience in this moment of the interview.

I noticed that some fathers talked about the physicality of the therapeutic space. David recalled; 'I remember this lady sitting in this chair and, just in such a comfortable room and (mm) you know well heated, and everything else (mm), the whole environment was (mm), totally relaxing'. Alistair explained that his counsellor ran his sessions from home and it was a 'nice environment'. Both descriptions reminded me of the warmth of a mother's womb. Sean described his counsellor as 'like a mother'. It seemed to me that it was important to feel physically as well as emotionally comforted.

I reflected on the spaces in which I had met the fathers. I met Anthony, Sean, David, Chris, Craig and Danny in their homes. I travelled for some time in order to visit the fathers, and I wondered whether I was motivated to do this by my desire to meet their needs and give

priority to their experience. Visiting their homes meant I was invited into their family life. Sean showed me photographs of his daughter and I met his sons. Craig was waiting for me in anticipation by the window when I arrived, and I felt some anxiety when I saw him. It occurred to me that he was anxious too. David and I went to the bottom of his garden to talk, and I felt some guilt for shutting away his wife. I felt this with other mothers too and I wondered whether this was reflective of the struggle some men had felt in having their own experience, whilst at the same time wanting to look after their partners. I met Alistair and James at their work place and I wondered whether this provided a space for them away from the family home and their partners. I learned that James had found work a place of refuge and distraction after he lost his daughter Emily.

Alistair described the physicality of expressing his experience in therapy; *'I needed just one to one (yeah) me and somebody else, and me **just letting it all out** so to speak, **putting, putting the weight of world on me shoulders (mm) on somebody else***'. It seemed he was able to release something from within himself and put it into or onto his counsellor, a sense of a physical exchange happening in the therapeutic space. David described his counsellor; *'it was like she was, **she'd sat there with her arm with me trying to help me***'. It was the experience of being held in the therapeutic space that he recalls.

Craig reflects on his experience of counselling; *'I can talk to the dog and he'll listen, if the art of talking is enough then that's going to be sufficient for me, um but that chance, or that, **that encounter***'. It seemed he experienced a shared encounter that can only occur between two people, two bodies; counsellor and client. I was reminded of the powerful encounter he experienced when he met his baby. Danny describes his counselling sessions; *'you can talk to and tell them anything you want... it's kind of like that 45 minutes that I spent with Tom... that was our (yeah) **private moment** (yeah) and it's kind of like that it's, **it's that private moment with somebody***'.

3.2.2 Subtheme 2

Holding On

The fathers found it almost unbearable to leave the bodies of their children. It felt to some fathers that they were abandoning their children, reminding me of how their relationship with their babies continued to exist and be embodied:

*'the hardest thing was just leaving her there, we didn't want to leave her... I know it **sounds daft** but **even though she's not alive**, we should have been takin' her home and that was the hardest part leaving her there... **like abandonment** (yeah)... that's how **I felt, I felt like I'd abandoned her**' (Alistair)*

I sensed their struggle to 'let go' and to acknowledge these feelings. Alistair keeps Mary's ashes in a teddy urn by the fireplace, and James keeps Emily's ashes on his mantelpiece. Both fathers wanted to bring the physical remains of their daughter home, symbolising how Mary and Emily's presence continues to exist within the family.

The fathers found other ways to hold on to physical entities that symbolised the lives of their children, enabling them to engage with and relate to their children in their physical world. David, Chris, and Danny talked about visiting their children's graves as a way of feeling closer to them and connecting with them. Most of the fathers had taken photographs of their babies and had been advised to do so by their midwives. David, Sean, Chris and Craig displayed these photographs in various ways. Many fathers had been given memory boxes by a local or national charity supporting families who experience stillbirth.

*'We didn't want it to be, that's it, she's all gone, (yeah) completely, um so... it was a lovely little box, you know quite simple but, it was, it was lovely, it just had just enough for what you want really as a (mm) **keep sake** (mm) and now we've put in that box, the cards we got from people at the time (mm), um we've also put her first birthday cards in there, we've put like the order of service and stuff from the funeral (mm), and all that in there, and just every now and again we'll reflect on it really' (Chris)*

As Craig struggled to leave his daughter he found comfort in giving her objects to hold on to; *'in the memory boxes they have these charms so we tied one of these charms onto her wrist um, and I said oh the bear, Borris the bear, so I took Borris in with her and um the, the nurses, the midwives explained that they would leave instructions of everything that went away with her would come back um from the postmortem so we would, I was very clear that we wanted to get the bear back cos we've got him hanging up in our room, I wanted to get the charm back because it would have been with her throughout'* (Craig). He also made jewellery out of his daughter's carbon fingerprints.

Sean showed me some of his tattoos. He had his daughters handprint and footprint permanently marked on his body. This seemed to me symbolic of wanting to hold on to the embrace between his body and hers; *'I had tattoos done (yeah) after her as well (ok) I had her hand done, I had a hand print done, I've got a foot print on my back and stuff so that was another comfort for me knowing that I've actually got her proper hand print on me'* (Sean)

I learned that babies that die have been called 'Angel Babies'. Danny told me that butterflies were symbolised a baby who had died, and I noticed the butterfly pictures and ornaments in his living room where we sat for the interview. I found myself holding on to this symbol and when a butterfly flew into one of my supervision meetings; I exclaimed to my supervisor that this represented a lost baby. We were both overcome with the joy and excitement seeing something so natural yet rare. It reminded me of the joy and excitement that is lost in giving birth to a baby that never flies. (See Appendix for Butterfly poem from Danny).

Some of the fathers described feeling their children's presence in the world. It occurred to me that their emotional connection to their child was lived and embodied in their experience of being in the world. For some, this superseded their belief system, in particular any faith in a God. I felt this accounted for an internal relationship that remained strong and powerful within them:

'it snowed on her funeral day... it snowed, and it threw it down actually, there, there was so much snow, and um as we were walking out of the church it started to snow and that's a, a sort of reminder and remembrance of, of things... weird (yeah), it was almost, I, it was almost like she knew, that's how it felt' (Sean)

Sean described feeling his daughter's presence, at the same time he did not have a fervent faith so this experience felt *weird*; *'I call them co-incidences but, those co-incidences gradually went away (mm) so I don't know if it was just co-incidence (mm) or cos I don't know what I believe after death... part of me **used to think** if there's a God, why have, why has he done that (mm), that's, that's how I thought (mm) um, **I didn't really think about that to be honest** (mm), I... it was automatic that you'd say, she's gone to heaven, but we always used to say **she's a little star in the sky** (Sean).'*

Sean's emotionally embodied experience of being a father to his daughter overcomes his former belief system. Sean and Danny held on to symbolic meanings in their experiences despite this conflicting with ordinary rational. Danny and his partner went to the butterfly farm on their son's first birthday;

*'I know that butterflies, there's thousands in there um and they land on everybody but the second we walked through the door one landed on Jacky's bump (mm) and it was just the, it was just the most magnificent feeling that (yeah) you know cos it was like oh my god you know **it's obviously him** and this, that and the other, um so yeah that kind of, butterfly thing, is, is really, really meaningful to us'*

It also snowed on the day of their son's funeral; *'every time it snows now everyone complains, we love it (yeah), you know if it snows it, it's, it's we're always like **well that's, that's Tom messing around you know**, it snowed on Mother's Day and, and that, you know **I know it's random and I know it's weather but that meant so much***. At the funeral, Danny's friends and family gave Tom sentimental objects such as toys and photographs to keep with him before he was buried. During this ritual, Danny gave his son the coat he was wearing at the hospital; *'I know he's warm because he's got my coat on, I know he's got something to play with because people put toys in... that's really comforting'*.

David struggled in his faith after his daughter died. However, his faith allowed him to 'hold on' to his belief that he would see his daughter again; *'I do not fear death (mm), at all, because to me, when I die, I'll be, I'll be with Sarah (mm), I have, I've got, you know I've got no, no concerns, I'm, I (mm), I'm looking, sounds a bit, I'm not, I'm not suicidal or anything*

but I'm looking forward to meeting her again one day, and I will, will, and um I won't let her go next time'

The father's found ways to 'hold on' to their relationship with their children, symbolically, physically and emotionally. This helped them in small ways face the struggle to say goodbye to their children's bodies, and more profoundly continue to lead an existence without them. I will now address how 'holding on' was addressed in the therapeutic relationship and my struggle to 'hold on' and 'let go' in the research process.

Chris explained his struggle to let go of his pain and despair which he felt in some way kept him close to his daughter: *'if you take the pain away you're going to take all the memories and stuff, yeah they may be crap but I don't want to lose them'*. He found counselling helped him reconcile moving on with his own life whilst not letting go of Matilda:

*'she said you are functioning outside your, your little bubble because you're able to do that, you're able, and it was these **little glimpses of light outside this real dark bubble** that we were in, that were, that was just, it was good (mm), it was nice in a way (mm), to see that, it was also upsetting because you think **am I getting further away from um Matilda**, when she was, but then she would explain, well **no you're not** (mm), **you're not, you're just letting life back in** (mm)... that doesn't mean that's getting further away' (Chris)*

Alistair kept a picture of his daughter on his phone's screen saver. He was concerned that others may judge him for holding on to this image. His counsellor validated his wish to keep the photo on his phone and urn of his daughter's ashes. Counselling gave some of these men permission to talk about the ways they were holding on to their children. Alistair, David and Chris talked about the prospect of meeting their children again in death.

'it was helpful cos like I said we got talking about all sorts of daft things like afterlife and things... one thing I said at the time I look back now I think it must have sounded crazy to him, I said I'm not afraid of dying now cos I know at some point I'm going to be re-united with my daughter and things (yeah) it's something I never would have even dreamed of saying

(yeah) to like a family member I've not even said that to Amanda (yeah) but I could say that to a complete stranger type thing' (Alistair)

I found myself struggling to let go of the data as I began to tell the stories of these fathers. Almost everything they had told me felt meaningful to me. I wanted the whole thesis to be about their story and their experience. Whilst engaging with their interviews I wanted to meet them again and tell them how much it had meant to me. I wanted to say how sorry I was that I hadn't said the right things. I attempted to convey the fullness of their relationship with their babies who died but I felt that I was constrained by the limits of time and language. I felt I would fail these fathers and I identified with their sense of failing throughout this experience. Similarly, the memories, symbols, and meanings that continued to exist in the world could never amount to the life of the children they longed for.

3.2.3 Subtheme 3

Continued Existence: A Relationship That Lives On

The fathers talked about the ways their children continued to exist within them and with others. Sean, David, and Chris spoke about their daughters as a sister to their other children. Some fathers celebrated their child's birthday and father's day. Some carried out charity work in memory of their stillborn baby. Most fathers wanted to continue to talk about their children:

*'we kind of like **embraced** the idea of (mm) of st, Sarah is still part of our family whenever we talk about her (mm) you know, it, we talk about Sarah, we talk about you know going up to the cemetery and what have you (mm), and sometimes sitting round the dining room table saying you know just imagine, god bloody hell, another teenage kid sitting round the table' (David)*

Although Sarah no longer has a body that David can hold in his arms, she continues to be embraced within her family and she 'grows up'. Chris explains; *'your life is now full of what*

*if's (mm) what if's, what if's, what if this what if that you know, oh she'd be going to school you know'. For some fathers their children are felt as absent in the spaces of their ongoing lives. Chris misses his daughter as he watches a sunset on holiday; 'I remember we were sat down by this little harbor place um and I was just looking out to sea, the sun was going down... and I just thought I so wish you were here'. I was close to tears as Chris expressed this poignant and beautiful moment in the interview. He goes on to describe a family conversation at Christmas; 'oh yeah it's a shame she's not here isn't it' and then someone just went 'well **she is somewhere** isn't she' kind of thing'.*

Craig used 'cyber space' as a way of maintaining a communication with his daughter. He set up an email address for her:

*'I take real care over punctuation and over structure you know I, I take real care over it, I hit the send button and it's like a wave of, I feel a little bit better... that sounds a **bit weird**, how do I justify it, but, but what I do, I **write it to her**, I always address it to her, I always sign it off from, **from Daddy**... um but I'm not sending it to her, I'm really sending it just as a, **it's an account**... I feel like I'm writing it (pause) I'm writing it almost to the person that we lost or the (mm) potential of who (mm) that person would be (mm)... it's the kind of email you expect to get a response back from, but obviously, we ne, **I never am, I'm never going to get that**... I could go and read them, um, because I also, you know, also, if I'd done it in a journal **I could lose it**, and then I'd be, I'd be devastated if I did that, um, so **I also know they're safe**' (Craig)*

Craig struggles to explain the logic behind his email account and like Sean it feels 'weird' as cognitively he knows he is sending emails into cyber space with no possibility of a response. However, emotionally and relationally he feels a relief when he is able to take care of a letter, meaningfully replacing his wish to take care of Lucy. He knows he can keep these letters safe and they will not be lost, as she is and is not. Craig can also express himself to the person she may have been, the person that continues to exist in his heart and mind.

Danny and Sean seemed to keep their children's memory alive through the charity work that they do. Danny felt proud of his son for the money that had been raised in his honour. He describes his experience at his son's grave:

*'I'm **still making memories with him** is, is, is (yeah) I think what I'm trying to say is that (yeah), even something stupid is that I, I genuinely slipped over in the mud and covered myself in mud when I was like tidying things around him, and I, I just found it funny cos I was I've done that **with you**' (Danny)*

Danny refers to Tom as in relationship to him; 'me and you'. Anthony talks about the ways he held his first born son in mind as he raised his other children:

*'I literally used to say oh god Josh wouldn't want me to smoke (yeah), yeah, oh he wouldn't want me to do this or he wouldn't want me to get angry at that, or lets read Laura an extra story and make it really fun... and he would have loved to listen... it was very much **keeping the positive side (yeah) of that memory alive...** it's like having umm, **like a guardian angel person** (yeah), when you're stuck and you don't know what to do, as a decision, you kind of go, oh what would Josh think' (Anthony)*

Anthony experiences his son as existing 'like a guardian angel' and I am reminded of the culturally formed name 'Angel Babies'. Their children remain 'perfect', angelic, and continue to exist 'somewhere' (Chris). Some fathers described this 'somewhere' as within them. Chris tells me 'she's still in there' as he points at his body.

Alistair found his counsellor helped him feel comfortable with this:

*'he said Mary **will always live on through you talking about her** (mm) and she will always live on through you and Amanda (mm), you know (mm), and that's how I perceive it now (mm), you know she's al, **she's al, alive, the way I think of her alive is that you know** (mm) obviously I had those **precious moments** with her you know (yeah) and I was with her for all that time, I can still picture her now (yeah) if I, if I think about it and **she'll always be there until the day I die** so (yeah) er even though we've got **nothing** at home apart from, you know, an urn full of ashes and a, a box full of clothes, blankets and a teddy bear'*

Alistair can hold on to the precious physical space and time he had with his daughter and the physical representations of her embodied life. He also keeps her alive within him, as though as long as he exists she does too, she is alive relationally to him. Alistair talks about how counselling gave him the opportunity to bring his relationship with his daughter to life,

by talking about her in the therapeutic space. This was particularly meaningful to him as his partner was finding it difficult to talk about Mary:

*'I was a bit wary at first when I first went in and started talking about Mary I, I was kind of saying snippets of information and stuff and he kind of prompted me to, like you know **like obviously you do, you keep commenting now and again and say how do you feel about that** or what happened here or what happened there and then all of a sudden it just started **coming out, coming out** (yeah), and I couldn't stop talking (laughs) (yeah), you had to, you had to stop me and say **you're time is up**, so, but yeah, it were **brilliant**, well not brilliant but it were a big help'*

Alistair is given permission in his counselling to express his relationship with Mary which seems to 'give birth' to this expression, his 'cup doth runneth over' spilling forth abundant feeling. He compares his experience in counselling to being with me in the interview. I sensed that some of the fathers felt my research was an opportunity to acknowledge the lives of their babies and talk about their relationship with them. Chris and Craig directly acknowledged their interest and appreciation for my research.

It is difficult for Alistair to describe his counselling as '*brilliant*' as it is connected to the loss of his daughter. However, I sensed that there was something illuminating about the therapy for some fathers; 'bringing to light' their experience. It seemed counselling allowed their stillborn babies to exist; to 'be brought to life' in the space between counsellor and father. Sean and Danny also described their counsellors as '*brilliant*'. Sean explains:

*'I don't think I've ever really - properly faced up to it, because I've put so much effort into charity work... apart from maybe in **counselling sessions where I've had to re-live them**'*
(Sean)

Some fathers reflected on how their relationship with their counsellor would continue to exist. This reminded me of how a relationship can be internalised; how something is created that is embodied. Danny wondered if he would be held in his counsellor's mind after they ended their work together. Craig tells me '*I needed it, you know and, maybe still need it, and maybe's always need it*'.

3.2.4 Subtheme 4

Loss

I found that some fathers struggled to understand the profound nature of their grief. At times, in the interview and in their whole experience, it felt confusing to conceptualise the loss of a child that had died before or during birth. This was confounded by other people's struggle to understand the grieving father.

*'I'm grieving for the loss not of the person, **I never saw her open her eyes** (mm) she never took a breath (mm), I've no idea what her personality would have been (mm) what she would have grown up like, I don't, so **what am I grieving for the loss of the identity we created for her** (mm), the you know **the dreams and the hopes and the plans** (mm) **that we had made for her** (mm) **and for that small window of time** (mm) **that we had physically** (mm, mm) **it's hard to expect anybody else to identify with that'** (Craig)*

I felt not only had the fathers lost their sons and daughters, they had lost something within themselves. It seemed they lost a pre-existing sense of self and of their relational world. I noticed the word '*nothing*' repeated throughout the father's interviews. I felt their relationship with their child was *everything* and *nothing*. The loss, the emptiness, the '*nothing*' was experienced internally and in their relationships with others. Chris reflects on how his counselling helped him make some sense amidst the darkness:

*'**the whole everything**, it was just too dark (mm), and things now that are pretty obvious, um, and would have been obvious if somebody had explained before all this happened, and you'd think oh yeah that makes sense that, but during the time it just doesn't, **nothing makes sense, nothing, nothing at all'***

Some fathers felt they had lost the opportunity to be a father to their child and know their baby as a *whole* person; '*we'll always be wondering wont we but, that's, that's the thing you feel cheated from the most, (mm) **you miss that privilege you know'*** (Alistair)

Other fathers described feeling that their baby had lost the opportunity to have a life; *'my daughter **hasn't got an opportunity** (mm)... I still think to me-self you know how can these kids be like this when they've got an **opportunity in life** to you know, **well to have a life basically** (yeah) so there was a lot of anger'* (Sean)

James tells me that he imagined walking his daughter down the aisle before Emily was born. Sean recalls how his grief *hit* when he thought about this significant transitional moment in the relationship between father and daughter.

*'that **hit me** one day when I, I just, I was (splutter), I don't even know what I was thinking about and I just burst into tears and Katie said what's wrong, and I said, I'm never going to get to walk her down the aisle'* (Sean)

I was moved to tears as Sean talked about this moment between father and daughter. I identified with a daughters dream to be walked down the aisle by her father, I also realised that this had been a fathers dream too. I reflected that this is a time and place when father's separate from their daughters in a particular ritualised way that can be understood as a natural course in life. These fathers had been separated from their daughters in a time and space that felt so unnatural. David tells me how Sarah's funeral gave him an opportunity to give his daughter away:

*'I carried Sarah (mm) down, down, um, down the er, the aisle of the church, I wanted to do that... for me um, me carrying my daughter (mm) into, sounds a bit religious but carrying my daughter in (mm) through the church (mm), I was effectively **giving my daughter to God**'* (David)

James seemed to experience his counselling as another loss. He reflected on his struggle to engage with the therapeutic work; *'for me, that would feel like giving something that's private between me and her to someone who's a stranger... **we only had her for such a small space of time together, that she was physically in our arms, almost I wanna keep that precious to myself and not share it with people***'. It felt to me that James did not want to face any further loss. He had lost his daughter, but also his faith in humankind. His daughter had died due to midwife negligence.

Danny repeated in our meeting *'I could talk about my son all day'* and when I asked him if he felt ready to approach the end of the interview he exclaimed; *'God I could be here all night mate'*. I found myself wondering whether he could talk about his son all day and night, although I understood he desperately wanted to. At the end of his interview he reflected; *'there's only so long you can talk about a dead child (mm) to put it in blunt terms'*. His love for his son was timeless and boundless, but in reality he had lost the possibility to talk about his son, in ordinary ways as a parent, all the time.

Craig questioned the meaning of his counselling relationship, it felt *'impersonal'* when she told him she would not see him again when the therapeutic work ended. Danny experienced an abrupt ending when he was told in his final session that his counselling had come to an end; *'I felt a bit **stranded** (yeah) and a bit kind of **isolated** from, I was **disappointed** really (yeah) like I said because I thought I had somebody who... genuinely cared and they probably did but now in my head I don't think they did, do, **do you see?**'* I did see and I felt disappointed that he had not been given an opportunity to process this ending more fully with his counsellor, particularly as he had lost the opportunity to do this with his son.

I found that I struggled to end the interviews with each father. I did not want to cut them off and I wanted them to feel they had been given enough time and space with me to talk about their experience. When I ended my final interview I reflected; *'it felt quite sad to realise it was the last interview in meeting the fathers, um felt like a loss in itself'* (Hannah)

3.3 RELATIONSHIP WITH SELF

The second Master Theme is the 'Relationship with Self' as the father's sense of self is changed in individual and complex ways. Within this transformation, the fathers reflect on making sense of their masculinity. These men experience mess and confusion in response to an embodied and *shattering* loss.

3.3.1 Subtheme 1

The Embodied Self: Falling Apart And Hitting Home

'My body, from, from the moment we found out that we'd lost Tom I think my body's almost taken me through months and months of, of my life' (Danny)

These fathers described an embodied loss and grief. Some fathers spoke of a void that resided within them, reminding me of a mother's vacant womb; Anthony described feeling 'hollow' and Chris felt *'there was that still big huge gaping hole of, of loss'*. Again, I was struck that all the fathers repeated the word 'nothing' in different contexts.

Most fathers described being '**hit**' by emotion. David and Danny accurately described an experience that '*hit home*'. I noticed their language of war; '*the bomb hit*' (David), '*blow*', '*bolt*' (Anthony), '*bang*' (Craig). James told me '*everything is a war all the time*' and Sean felt '*shell shocked*'. It was if the men had gone to a battlefield. I wondered whether this was the 'language of men'; their way of expressing that they had suffered. Alistair, Sean, and David explained '*I wouldn't wish it on my worst enemy*'.

*'Within a second your **entire world is swept away from you**, and actually **nothing else really matters**, you feel like, um, you've just been **emptied** of a lot of emotion ... it just **shook me to the ground** you know and I just thought, **this is where you, that's where,***

***who you are**, you know, because there's, **you're stripped bare of everything else around you... there's nothing I could do**' (Anthony)*

Anthony experienced a collapse within him and he fundamentally questions 'where he is' and 'who he is'. Anthony used words such as 'structure', 'base', and 'ground', throughout his interview; 'you haven't got any structure to base what you're thinking on'. He found the counselling frustrating when he felt it lacked structure. I sensed how these men found themselves; 'breaking down' (Sean, James, Craig), 'dismantling' (David), having a 'meltdown' (Danny). It seemed they lost the 'ground' (Anthony) from underneath them. David explains 'the bottom fell out of my world'. Chris felt 'everything falling apart'. They found themselves on a 'roller coaster' (Alistair, David, Chris, and Craig) of emotional experience with *nothing* to hold on to. Craig describes his experience during the birth:

*'felt a bit like being on a **roller coaster** and you get to the top of this, the first incline if you will and then you suddenly realize you're not strapped in (mm) and **there's nothing to hold on to** and I'm (mm) whatever is about to happen is going to happen (mm) I have **no role** to play in it (mm), I have no, **nothing** I can, **nothing** I can do, there's no function I can perform here, um I'm just along for the ride' (Craig)*

I felt a particularly potent and embodied experience with Craig. When I met him I found I failed to hold on to anything of my 'ordinary' self or my 'role' as a researcher and trainee counselling psychologist. I forgot to ask him to complete the demographic questionnaire before the interview. I felt that my experience reflected Craig's struggle to remain a 'take control kind of person' (Craig) through his experience. As I listened to him, I felt as though I was going 'along for the ride' (Craig). I left Craig's house feeling drained and churned up inside my body. I felt I had not been good enough, not helped him enough, and that I had 'nothing to offer' (Craig). After his interview I reflected; 'I also got the sense that he was building up to the birth and it was going to be very difficult for him to talk about meeting his daughter and seeing her in the flesh... it was very powerful, I found it very difficult not to cry with him and um a **sort of haziness**... the overwhelming feeling of what he was expressing really took over and... unhinged me... I felt it was a bit like I was flushing something out from my body' (Hannah).

Some fathers talked explicitly about how they felt in their bodies. David, Anthony, Alistair, Sean and Danny described difficulties with sleeping or eating. Alistair's lack of sleep led him to seek help from his GP and David's family suggested counselling as they witnessed his tired body lose weight. Sean explained; *'I just didn't feel very well, just didn't feel very well at all (mm), mentally'*. Danny and Chris both experienced panic attacks for the first time in the aftermath of their loss and addressed ways to manage these attacks in their counselling:

*'you're struggling to breathe and (mm) focus on anything (mm) so, and that was one of the things that the, the counsellor helped me with... on sort of **grounding yourself again**, and focusing on something to try and get other things out of focus and to **bring yourself back round again**, but um, they, yeah they were quite vicious'* (Chris)

I sensed that counselling gave some fathers a sense of containment through an experience that felt so disintegrating. Chris's counsellor reassured him that it was necessary to experience *'hitting the bottom'* (Chris) in order to come back up the other side of *'that roller coaster'* (Chris).

*'I felt so out of control... she just was reinforcing the fact that there is no time limit on it, there's **no structuring** what tomorrow's going to be... you know that I've lost control, but you know in a way there are **still bits that you can control, you haven't lost everything, there are still bits'*** (Chris)

In his sea of despair, Danny was able to connect with his counsellor, helping him regain a sense of stability. He recognises something broke down within him and in the therapeutic relationship something was re-constructed between them:

*'I felt, you almost build up a **connection** with somebody (yeah) because that's what you're supposed to do, they're **almost supposed to break you down and build you back up again** which I felt in a way that she did and, she was absolutely **brilliant'*** (Danny)

As I engaged with the interviews more deeply I found I could only spend so much time immersed in each father's account before I felt overcome in my body. At times I felt *'hit by a train'* (Craig); overpowered by their experience and the depth and heaviness in their accounts. Sometimes this would leave me feeling nauseas or exhausted. At times I felt

defeated and wanted to collapse or break down and cry. I found peer support, academic supervision, and my individual therapy contained me through this process.

3.3.2 Subtheme

The Masculine Self

I was reminded of the experience of falling apart as Alistair talked about his struggle to keep his family together. It seemed that the men experienced a conflict between remaining 'strong' and 'together', whilst embodying an emotional experience that broke down these aspects of their masculine self.

*'I struggle in my own way, **trying to be strong for everybody**, trying to **keep the family together**, trying to keep (yeah) the family home going, working, and then er, like I said I, **I neglected myself and that's why I struggled I think**, just kind of cos I put my grief on a back burner for a bit (yeah) just to **keep everybody together**' (Alistair)*

These fathers felt an expectation to 'be strong', particularly for their families and partners. At the same time they wanted to be comforted and mourn the loss of their child. For these fathers there was a process of *holding on* and *letting go* of their autobiographical gender identities whilst at the same time recognising their own needs. For some fathers this involved reaching out for therapeutic support.

I realised the importance for some fathers to hold on to their role and identity as a man and a father as they endured this experience:

*'I felt it was **my duty** (mm) as her Dad to carry her (yeah) to carry her in there, (mm) and um, I also felt it was **my duty as Katie's husband** to (mm) do you know what I mean (yeah), and um, it was like, that was actually quite important for me (yeah) to do that... I always wanted to have a daughter that I could walk down the Aisle (yeah) do you know, like*

(yeah) give your daughter away and stuff... and **I almost wanted people to know that I was strong enough to do that**' (Sean)

At other times, their identification with stereotypical masculine norms failed them and in turn they were in danger of feeling they had failed. Therapy was an opportunity to go through a process of re-evaluating their relationship with their masculine selves:

'I was the man, I was the one that was in charge (mm), making sure she was ok (mm) looking after her (mm), and **I didn't do my job** (mm), I let her down (mm), and certainly a lot of the, a lot of the um, **the help was based around that**' (David)

This particular complex experience of human suffering contested the stereotypical construction of an unaffected 'bloke' (Anthony, Alistair, Sean, David, Chris, Craig, Danny).

'the bloke is, you know if you, if somebody was to write a, a, er, a manual for a bloke apart from all the comical ones that you see, but you know **overall they're supposed to be strong**, de, de, de, de, de - de, de, de, de (yeah) but you know **at the end of the day we're human** um (yeah) we, **we have all the same emotions**' (Chris)

I was aware that Chris stumbled and stuttered, suggesting a struggle. The fathers expressed their ambivalence and in some cases resentment towards the expectations they felt were imposed on them whilst at the same time identifying with them:

'any emotion which could be considered weak from you know the, the, the, the, the, **not the public's perspective but our perception** of what could be considered a weak emotion, so, and you know I talking **specific for a man**, so you know **generally** if a man's considered upset he's considered weak, if he, you know a bit depressed about something, **he's weak, so any of those emotions I would now just mask with anger**' (James)

James found it difficult to express his vulnerability, even to his wife, and he did not engage with the counselling. I recorded these reflections when I left his interview:

'he talked a lot about being very angry, and feeling like no-one could understand what he went through, or relate to him, I guess it left me feeling quite helpless and also that I wanted to help him' (Hannah)

I felt that I have not given James enough validation and recognition for his suffering, I reflected on my sense of helplessness that I thought might reflect an inner helplessness within James concealed beneath his stoic exterior. Although James resented the demands he felt had been placed on him as man, his identification with them seemed so ingrained that he treated his son in a similar fashion:

*'I'm like well he's a man, **I've got to prepare him for you know the real world**, he's got to be **strong**, **he's going to have no-one protecting him**, he's going to be the one that's got to do the protecting, um so I guess I'm probably as guilty of that as everyone else aren't I?'*
(James)

James felt that no-one accepted or was able to understand his needs including his counsellor. I wondered if his perception that he had to fend for himself was connected to his resistance to therapy:

*'**the reality is, people actually don't think, that men need any sort of grief counselling**, that you know **men should just get on with it**, and, and, that makes you even more angry, um, but it almost kind of enhances the fact ok well if that's what you think, that's what I'll be then, you know **if you're saying that that's all weak and men should be strong and deal with it**, well fine ok, **then that's my way of dealing with it**'* (James)

James went to two sessions of counselling on his own and some sessions with his wife. I wondered if something of the process he describes above was re-enacted in his therapy. I wondered who 'you' was to James. He seemed to have internalised: *'if it's my problem it should be down to me to, to do it, and to sort it out'* (James). At the same time I sensed that his experience of one to one counselling had perhaps not felt uniquely for him as it had been part of couples work. I felt a poignant sadness and loss in our meeting and reflected afterwards; *'I wondered at times in the silences if he was going to cry, but **he always kept himself in control**'* (Hannah).

All these fathers expressed their experience of feeling anger and for some this was difficult to contain. I could see this was a significant layer of a complex grieving process and attached to the unfair and unnatural quality of losing a baby, perhaps felt particularly ardently

by James as he did have a midwife to blame. I also wondered whether some men found it easier to articulate anger and indeed feel angry in their grief as it is deemed a more socially acceptable emotion for men. James explained he 'masks' other emotions with anger. When Craig lost his temper in public he realised that he needed some help.

The process of accessing and going to counselling required some men to seek help and share their vulnerability. Craig explains his initial reluctance to go to therapy; *'I realized I struggled with it because I didn't want it to be a sign of weakness'*. Danny reconciled his need for counselling; *'doesn't mean I'm weak (mm), you know it meant something happened in my life'*.

It seemed to me that these men were negotiating a delicate balance between retaining their sense of masculinity and being authentic in their emotional experience. I wondered whether this therefore needed to be addressed sensitively within the therapy. Sean talked to his counsellor about not wanting to cry in front of his son:

*'she used to say to me does that make you feel any **less of a man** if you know if you feel that you cry, and I said, and I said **'No'** (adamant tone) um, but I never wanted to show Angus (his son) how upset I actually was um, because I was scared of how it would affect him, and she said you know, he might be the same, he, he might actually (mm) want his Dad to cry (yeah) so he can see that his Dad's human and stuff like that (mm) and how Angus was dealing with at that time as well, and it was little, there were little things that bothered me, you know from a, being strong for other people' (Sean)*

I noticed as I was writing this theme that I felt stuck and heavy. I felt that my writing was less creative and alive. I saw how the ties to their masculine roles, their sense of responsibility to protect and provide, at times felt a burden to these men. I had anticipated that such emotional stoicism would be a hindrance to the grieving process. However, I learned of a more complex lived experience; each individual's sense of manhood and fatherhood was uniquely integral and meaningful to them and their relationship with their child, this captivated and moved me. As I persevered with completing the analysis and research process, I reflected on the endurance of these men.

I thought about my relationship with my father through this process, a man who identifies with his patriarchal role within the family. I found the father's experience of meeting his baby; *'opens the tap up on something that is very powerful inside you'* (Craig), and I wondered if I had been searching to make sense of the love between a father and child as well as the emotions that dwell underneath an armour of patriarchal masculinity. I had expected this armour to lay heavy and reflected on how my expectations related to my own relationship and identification with 'emotional stoicism'. The experience of losing a baby meant these fathers found they battled with such armour, at the same time I sensed their resilience and in turn I was able to recognise my own.

3.3.3 Subtheme 3

The Mess

The fathers found themselves in a 'mess' (Sean, David, Danny). Anthony explained there was *'no logic to life anymore'*. Sean and Anthony described feeling *'totally'* and *'completely'* *'lost'* respectively. It was as if these men lost their way of being in the world. They struggled to know 'how to be' through this experience.

The fathers searched for meaning in their child's death. The fathers attempted to make sense of their experience in the interview process and the dichotomy between rationality and emotion:

*'the **logical part of me** of me says you should be able to move on from it... yet something is, I mean it's so powerful that (mm), I, and I can't explain it (mm), **my logical brain** (mm) can't tell you (mm) why that happens (mm) other than that must be what being human's about'* (Craig)

Their grief was full of 'unknowns', confused by the profound loss of an imagined idealised baby that they never knew, yet did know through pregnancy and for a *'small window of time'* (Craig). Fathers repeated the words *'surreal'* (Sean, Alistair, David, Chris), *'peculiar'*

(Anthony), 'bizarre' (Sean, Alistair, Craig) and 'weird' (Sean, James, Craig, Danny). Again the word '**limbo**' resonated with me, a place of uncertainty, a space between 'real' (Anthony) and 'unreal' (Chris).

Fathers desperately struggled to find a reason, and initially sought a subject to blame. Some fathers directed their anger at the hospital staff, some were given medical explanations and others had to accept '*there was never a reason*' (Alistair). A week before our interview James received confirmation that his daughter died due to midwife negligence. It had taken some time to arrange our interview and it occurred to me that he had agreed to meet me once he had received this form of validation.

More profoundly, fathers struggled to understand why this had to happen to them and how it could happen at all in a fair and just world. David questioned his faith in God and other fathers explored their individual existential crisis:

*'in that point in time there, in my, in my beliefs, **there was no God, and if God, if there was a God I wanted to meet him** because I really wanted to punch him in the face (mm) um because what he'd done was despicable (mm) ... no, no, no, no, God's not chosen, God doesn't do that (mm), **if there is a God**' (Chris).*

Some fathers felt uncertain about how to be with their babies when they were born. Initially, Sean felt he did not want to hold his baby:

*'it was a **fear**, um (mm) and I didn't want to hold her, I was **scared to hold her**... they just brought her to me and made me hold her... I would have li, seriously been in a **mental mess** if I hadn't have held her' (Sean)*

He goes on to describe his internal struggle with coming to terms with his daughter's death; '*I don't think I've ever **faced up to it***'. I wondered what he felt he couldn't face. I wondered whether the certainty of death and the uncertain meaning of life was part of this confusion. Sean tells me he takes his sons to visit his daughter's grave and calls it '*Poppy's garden*'. His son does not know her ashes are buried there because '*that would open up a **can of worms***'. It felt to me that there was a '*can of worms*' buried within Sean that he could not face to open up, that remained hidden. I wondered if he covered this 'wormery' with his '*job*'

(Sean) to support others going through a similar experience in the charity work he did in Poppy's memory.

Sean asks me: '**Am I messed up case?** (he laughs)'

I respond: '*No, it's um, you know, it's how you exp, you're just being honest (yeah, yeah) about how you experienced it*'

Danny asks me the same question: 'Do I sound really **messed up?** (we both laugh)'

Hannah: '*Um, I obviously can't understand fully, fully, what your (mm) what your experience is like*'

Danny: '*I hope I don't sound totally messed up because actually I've come such a long way*'

Hannah: '*Um, no, I don't think you sound messed up...*'

I felt confronted in these instances and compelled to reassure Sean and Danny that they were not 'messed up'. Upon reflection, I wondered if there was something unbearable about the mess and existentially frightening. Perhaps I tell Danny I cannot '*fully understand*' because I am a woman and I have not lost a child, because I am not him. We are separated by our living bodies, as we are by death. At the same time, I experienced an embodied exchange with these men that brought me closer to their experience and provided me with glimpses into their world. My body enabled me to know the other and be known, as the body of the stillborn baby was known to the fathers.

I struggled at times to know 'how to be' with these fathers as they spoke about their experience. I found myself negotiating the roles I identified with as a counsellor, researcher, and woman, paralleling the father's negotiation of their roles whilst they experienced an internal collapse. It was messy. I reflected after Danny's interview; '*I felt I thought and then I'd forgotten it, and he said I feel like I'm jumping around, there was a feeling that there's so much to explore that it's difficult to have any continuity or structure*'. Anthony seemed baffled at the end of his interview and asked me; '*what have we talked about?*' Alistair apologized to me; '*sorry if I don't explain myself clearly*' and later '*sorry I'm completely flummoxed*'. I interpreted these comments as examples of their confusion and uncertainty around their

experience. I was also aware that I was a professional psychologist in training and perhaps these men sought reassurance from me as 'the clinician'. I reflected on my uncertainty: *'I go away from the interviews feeling that I have not given enough or perhaps offered them enough support, been transparent enough, that I've had a professional stance, that I've given them the paperwork and the lingo, that I'm not perhaps being as authentic as I would like to be'*.

Sean described his counselling as *'like a jigsaw basically'*. I was struck by the paradox between the words *'jigsaw'* and *'basically'*. I thought about the basic and fundamental meaning of an embodied meeting between therapist and client, father and baby, and the missing pieces of a jigsaw felt within the self and in relation to others, particularly his daughter. Sean explains his counsellor: *'helped me get some kind of **order back into my thoughts**, rather than having all these little thoughts buzzing around your head, bumping into each other, she, she **almost** helped me get my thoughts back into place'*. Sean's use of the word *'almost'* suggests to me his jigsaw was still incomplete but more manageable after his counselling.

Craig spent some time conceptualising his loss in his counselling and his therapy allowed him to feel more comfortable with the unknown quality of his experience, he was given permission to grieve the loss of a child he had known and not known:

*'it's **accepting** and for me, for somebody like myself it's having somebody help you realize that it's ok and to understand that, um, you know what you feeling is, isn't **weird**, or isn't normal, it's, **it's human, it's natural**... I think I would have been sat here six months on thinking you should feel differently, what, what's wrong with you, why are you not dealing with this better (mm) whereas at least because of the counselling I can kind of say no actually you're doing ok' (Craig)*

Counselling allowed him to feel more comfortable about sitting with his mess. Craig explained *'I want the instruction manual of how to get over this, and I remember her saying, sorry Craig it doesn't exist'*. I felt that counselling enabled some fathers to recognise that their previous coping strategies for managing emotional experience didn't work. These

fathers' had to reconcile the loss of a *structure* they once knew; that is their former ordinary coping mechanisms associated with their identification with masculine norms.

*'Something that I've overall thought about the title of my thesis, **making sense after therapy**, I don't think they make sense after therapy, I think therapy gives them an opportunity to work some things, **but the whole grief process is ongoing**' (Hannah).* I

became aware that therapy did not necessarily change the fathers grieving process, it gave them space and permission to acknowledge it and reflect on it. In this way, most fathers began to make some sense of their lived experience.

3.3.4 Subtheme 4

I Am Changed

The fathers were affected by their loss in multi-faceted ways and I felt their loss brought about a reconstruction of the '**whole**' (*all fathers*). I began to reflect on the different ways this experience had changed them emotionally, relationally, and existentially. For some fathers this experience also changed their perception of mental health and counselling.

For most fathers their experience of anger in the aftermath of their loss was short lived. For James, his anger remains and he conveys how his emotional world was reformed:

*'it's definitely **affected me as a person** (mm), I think, I, I don't think I have any empathy for people or situations ... things are going well and I'll be happy, or things are going badly and I'll get angry, they're really the only two emotions I, I have um since that's happened (mm), **not before but since that's happened... I don't have any empathy anymore, I just seem to, you know that emotion seems to be replaced with anger now**' (James)*

James wanted counselling to '*get me back to the person that I was before*', but found this was not possible for him.

*'you're part of a **club** that you would never choose to be part of that club unfortunately, and, I suppose it's the **same with people that have cancer, they're part of a club** that they would never want to be part of (mm) I think I've come to terms with knowing, well **that's life** (mm) and you know, **shit happens** I suppose (mm) and you just have to get on with it (yeah) really, cos life goes on, that, that, that was the quite hard thing was accepting that life goes on and you just have to **be still**, you still have to **be strong for your kids, your wife, the rest of your family** and stuff, but, **it changes you, it does change you as a person massively (yeah) changes you as a person...** I'm, a, a lot more patient than I used to be, I used to be quite feisty and stuff but I've, I really have tried **to be patient, more patient**, and sort of take things as they come and stuff' (Sean)*

Sean explains how his self-identity has changed. He seems to identify with being part of a new 'club'. The fathers talked about friendships and relationships changing. Some fathers found new relationships through support groups and forums.

At the same time Sean holds on to masculine narratives of being strong for his family. Perhaps identifying with his role as a husband, father, and man helped him hold on to some form of certainty amongst the chaos. In his words, he stumbles over being 'still' reminding me of the terminology 'stillbirth', as if the world stood still for a moment but then he soldiers on heroically. I identified with an experience of existential submission connected to being 'still' and 'patient'. I related his experience to mine after I had been diagnosed with cancer not long before meeting Sean. I was struck in the interview that Sean had used this analogy and I reflected:

'the closest I feel I can understand to how profound the emotions and feelings are... is my experience of being faced with life and death, my experience of being faced with life and death, but I have not lost a child and I am not able to know what that is like' (Hannah)

I felt that this experience also changed the father's understanding of their masculine selves. Anthony felt that losing Josh helped him marry strength with softness and sensitivity:

*'it has **made me stronger emotionally because I'm more sensitive** (yeah) **if you think that strength is being bullet proof, it's, I don't think it is, I think it's the opposite, I***

think it's being able to accept your weaknesses and accept people around you and a, and a, and be able to empathise with it and be softer inside and then when you, encompass you know your, the things that happen in your life, you're more receptive to it and you can deal with it in a better way, so had that not happened to me I would have carried on being quite cocky and the person I was at the time and I think it would have, I would have just developed into another bloke' (Anthony)

Some fathers reflected on the ways they had changed in their counselling. The therapy seemed to contain the uncertainty of change for them:

*'I think overall that's why I was **angry because I didn't have an answer**, kind of you know, you know, how, how, how can that happen kind of thing, um you know **if there is a God** up there what, **why, why** does he allow that kind of stuff... I just felt angry, I just felt really unhappy and um, (coughs) and I just, I needed, I needed to know that, through the, **through the counselling you know, is that normal or have I, have I changed**, you know am I now going to be this nasty angry person all the time' (Chris)*

For some men the experience of needing help, reaching out for therapeutic support and experiencing the benefits of counselling, transformed their perceptions. Sean expressed that 'counselling should be free' and Chris described his counselling as 'priceless'. Danny questioned why mental health 'injury' was perceived differently to a sportsman's muscle injury. Craig felt that more men should be offered counselling having been ambivalent about needing it:

*'I would never asked for help just from the sense that, I need help here (mm) and nobody's offering it and **I don't know where to go**, and I feel **helpless** and I'm **powerless** and that, so I learned a huge life lesson from that' (Craig)*

Some fathers worked with their counsellors on the ways their experience evolved and changed. For some, it seemed the therapeutic work involved acknowledging a fragile balance between holding on and moving on. Danny reflects:

*'you get to the point where you realise that, you have to **accept it, not accept it and forget**, not accept it and not wanna talk about it, but just accept that it, you know once you accept*

*that he isn't here, you can, you can **kind of get on**, and now it's become fun in a way to go and see him and fun to talk about him'.*

David did not want to describe his counselling as help *'because to me help shows improvement... well to me the situation will never improve'*. Chris talked to his counsellor about his fear of moving away from his daughter as he let in *'glimpses of light'*. Half way through our interview Danny turned a light on. After his third counselling session he recalls; *'I kind of came back and actually it didn't feel so dark in my head, it kind of felt ok there was a bit of a light there'*. I was reminded of the global 'Wave of Light' event where candles are lit to remember infants that have died. Anthony, Sean, Alistair, and Danny described their counsellors as *'brilliant'*. I wondered whether the counselling was transforming in that the therapeutic process was able to 'shed light' on their experience.

In his counselling, Craig was able to recognise the affirmative ways his daughter's life changed him:

*'I've definitely gained a new empathy for other people in difficult circumstance, I ask myself, I make judgments a lot less... **that's the thing I kind of think is you know Lucy's given that to me a little bit (mm) it will make me a better person um, just as an experience um you've got to take a positive from everything and (mm), and it's given me some, it's, it's, it's shown me a strength that I didn't know we had... I think that's, that's a, a gift (mm), um, and I probably wouldn't have appreciated that as much without, without the counselling'***

I too felt changed by 'being with' these fathers in the interviews and analysis. Butterflies will always remind me of this experience. I felt that the fathers gave me a *'gift' (Craig)*. I felt the time and the vulnerability they shared with me was *precious*, and I felt I could never fully express this to them. James told me he had not spoken about his daughter for so long apart from in the Nursing and Midwife Council. I felt indebted and privileged to have met with these men.

3.4 RELATIONSHIP WITH OTHERS

The third Master Theme is the father's 'Relationship with Others' which demonstrates how his experience of loss and isolation is compounded when his grief goes unrecognised by others. Individual counselling provides these fathers with the *relational space* to have their fatherhood and loss recognised and legitimised. The fathers expressed an individual and unique experience that is separate to others and some fathers were able to make sense of this when it was validated in their one to one therapy.

3.4.1 Subtheme 1

Silenced Grief: Pain When His Experience is Not Recognised

Danny told me '*all we've had is silence*'. He was referring to his experience of a stillbirth. I also learned how these fathers received painful silence from others and felt alone and isolated in their experience.

*'I just literally, I felt from all corners, family, friends, medical people, counsellors, **it hasn't happen to you because you're a man** (mm), **you didn't carry the baby** (yeah), so you're grief can only be short lived (yeah), you know let's focus the attention on, on your wife, and that actually made me quite **resentful**' (James).*

It seemed that the difference between man and woman meant that the fathers experience was marginalised. This was evident when Alistair visited his GP:

*'I was **struggling**, I wasn't sleeping very well I was waking up through the night, I was tired, I was, I was in a right state, and his exact words to me quote was '**well it's worse for the mother**'... he might as well said to me '**You're a man get on with it!**' (Alistair)*

Alistair finds himself in conflict when his experience is compared to the mother. He feels hurt and outraged that his experience has been belittled by his GP, at the same time he questions his feelings:

*'don't get me wrong, you know what Amanda went through, carrying her for 9 months and it's I understand **it's obviously going to be a lot worse for her than it is me**, but at the end of the day **I was still her father, I was there at the birth, I went through all that same experience**' (Alistair)*

The fathers expressed their wish to have their experience recognised as equivalent to their partners:

*'sometimes it would be a (yeah) case of how's she, and hardly saying anything (yeah) about me at all, um, I just felt it was a **total lack of understanding** that (yeah), you know, I'm not, **yeah ok I'm a bloke but I'm a human, I have emotions** (yep), **I've lost my child** (yep), um I am hurting like **nothing** else (yeah) ok I may be putting on a **brave face** because you know tea still needs cooking... but **I am absolutely dying inside**' (Chris)*

Chris describes something dying inside of him, in some way connecting his experience to the mother's experience of her baby dying inside of her. Alistair, Chris and James express their experience as akin to their wives.

Danny and Chris talk about losing friends who they felt were unable to understand their experience. Most men felt angry when others showed lack of understanding or empathy. I identified with this as I found my experience of cancer had impacted on my relationships with others and at times this felt painful. Danny explains *'it's like throwing away years of your life isn't it I guess? (Yeah) you know'*, I respond *'It's another loss I suppose'*.

Craig told me in terms of support for men there was *'nothing'*. I sensed the *'nothing'* these fathers felt in their relational world after their loss. Their experience of isolation and emptiness was compounded when they were unable to connect with others:

*'**nothing existed** and as I say I found this, I found the ... forum and immediately there's a, there's a secret group or a, a private group for, for, for, **for Dads** I thought great I app, I'll ask*

*to get into that, that's going to have the answers, I got in it and I think you know people, nobody posted in there for six months or some... oh **so this is dead**' (Craig)*

When Craig receives his memory box, he finds a leaflet for Dads as well as Grandparent's and siblings affected by baby loss:

*'I remember looking at them and there's the Dad's one and there's the Grandparent's one... **you're just one of these leaflets (mm) as the Dad you have no real relevance (mm) or importance or no need to for sup, I don't know whether it's there's no need for support, or you don't deserve it... for guys there's, there's, I mean there is nothing***

Craig explained 'as the Dad, as the bloke you might as well **not exist**, and I mean that through the scans, through the consultations... only now it was **very real**'. I was reminded of the space between real and unreal, existence and non-existence, and his experience of being in '**limbo**' also meaning 'a state of neglect'. I wondered whether the sense of expectation to support their partners and manage without their own support, made it easier for these fathers to neglect themselves: 'people forgot about me, and I certainly forgot about myself' (David).

Counselling was an opportunity 'to have **my own space... my own time... to get out my own feelings, but not to my loved ones**' (Sean). Some fathers described the counselling as '**all about me**' (Craig). The fathers valued a relationship with a counsellor who was; 'looking out **for me**, wanted to know... how I was and what was going through my mind and you know like I say so much emphasis was on, on Becky' (David)

*'it helped me, um, just talk (pronounced) **about everything**, and it were just the fact that it were a stranger like I said before, you know, it's, it was, it was a great, **it was an hour for me**, something that I didn't have anywhere else, cos like I said I just want to get everything off my chest, cos like I said I'd just been bottling up for so long and obviously you, they always say the root to your problems is you talk about your problems don't ya, and that's what we did so, **over those three sessions we talked about everything**' (Alistair)*

Alistair explains he was able to 'talk about everything' reminding me that this experience encompassed the men's whole lives; their relationship with themselves and others as well as

their child. Even in three sessions Alistair felt he was given enough space to express his experience by talking to someone who was *'impartial'* (Alistair) although he recalls being told *'you're time is up'*. There was some ambivalence amongst the men about taking the therapeutic time and space just for them, but when they did it was significantly meaningful.

I learned that some of the fathers on the online support forum were pleased I was researching their experience. One of the fathers posted my details on this private forum and many fathers began to contact me after what had been a gruelling recruitment process. It seemed to me that these fathers had been *hidden* yet did want the opportunity to talk and be heard. I felt guilty when I had to turn some fathers away who did not fit my recruitment criteria.

3.4.2 Subtheme 2

Being Different: Hidden Grief

'Everyone grieves differently don't they?' (Alistair)

I sensed that some fathers were exploring with me and in themselves how their experience was particular to them. I felt that the fathers struggled to know how to understand this difference. James says *'everyone has different ways of dealing with things don't they?'* and Anthony reflects *'it's not the same for everyone'*.

Anthony experienced conflict in his relationship with his wife after Josh died:

*'she totally blamed me for it and then continually told me that **there was a difference between us**, how she was a **real person** and that she could have this feeling and the loss and everything and I was **just a hard and thoughtless bastard who didn't care ... there is nothing you can say to somebody to say well actually that isn't the case'***

Some fathers kept their feelings concealed. Alistair explains *'I was still breaking down behind closed doors, and having a weep in the bath and things like that, you know it's, but*

I'm, I'm good at putting a brave face'. These men felt they needed to be strong for their partners and this fitted with their identification with masculine roles. James felt he couldn't show his wife how he was feeling; 'because I have to be strong for her, ironically we used to have lots of arguments about the fact that I wouldn't show I was upset'.

Some men talked about the ways they experienced being different and separate from their partner's bodies:

*'the woman has carried the child, and you know has all the physical side of things, which we, **we could never had**, but Christ a lot of us would love to have the opportunity of it, if you know if, given the circumstances... we have **different pressures (yeah), different you know needs** um but you know **that's the way it is**' (Chris)*

I sensed a loss in the difference between bodies that can never be overcome. The man is never able to touch the body of his living baby. He is witness to the birth and separate from it. Yet he is expected to embody 'strength' because he resides in a male body. Some presume he is less affected because he has not carried the baby inside him physically. These men carried their babies emotionally and relationally from pregnancy and physically after birth. I wondered why we lived in a world that seemed to compare the father and mother's experience of loss quantifiably. These men grappled with the distinction placed on them by others; *'I know it's, it's harder for the woman but my God it's not easy for me'* (Danny).

David was able to address the embodied difference between him and his wife's relationship with Sarah in his counselling:

'I obviously struggled with the idea that obviously I didn't carry Sarah for 9 months so really why should I, why should it affect me, you know and um... that was something that we talked about, about that, that, that side of physical bond that, that, that I did have with Sarah'

Before we began our interview Danny warned me that he may cry. Craig announced 'as long as you're not embarrassed to see a grown man cry then I'm ok'. I was reminded of the phrase and film 'boys don't cry' a story in which bodies and gender identity collide. I thought about how their male bodies determined their experience physically, emotionally, and

relationally. I wondered if I had sought to give these men permission to reveal the hidden depths of their experience. When Anthony recalled showing his son the world 26 years ago, he was moved to tears and I responded; *'it's ok... to get upset'*.

Alistair felt that he wanted to talk about his daughter whereas his partner did not: ***'I wanted to talk about her, I didn't want people to forget about her, and that's where me and Amanda to um sort of... because of the way we grieved and the way we dealt with it, that's where I struggled you see'***. Alistair felt counselling gave him an opportunity to talk about his daughter which he was struggling to do with others and the difference between his needs and his wife's.

Danny described his counsellor as a *'secret friend'* who told him to be more *'selfish'* and *'she made it ok to think about me'*.

'I couldn't say things if, if my wife was sat here, certain things, because you wouldn't wanna offend them, and you would be thinking about what would they react, whereas with a counsellor you can say, I can't, you know this happened and I can't believe this or (yeah), you know Jenny is really, really, struggling with this part of it and I am as well but I'm trying to be strong' (Danny)

James revealed there was emotion within him that he could not share in his relational world, somewhat fitting with patriarchal masculine norms:

'I don't believe there's anything in counselling that can change my outlook, that you know I am too entrenched in my emotional state of mind, um and I also don't think I'd like to give someone the power that they could change my state of mind, because that's giving a lot of you away, cos you'd have to give someone a lot of you (yeah) in order for, for that to work and I don't think I'd wanna give that much of me to anyone (yeah, mm), that would make me feel incredibly vulnerable' (James)

James recognised it was difficult for him to express the *hidden* parts of him that were attached to his daughter and the precious time he spent with her: *'I wanna keep that precious to myself and not share it with people'*. I was aware that he had opened up about his experience with me and I felt the fragility in our exchange.

3.4.3 Subtheme 3

Being Touched: Discovered Meaning When His Experience Is Recognised

Some fathers became part of an online support forum in order to relate to and indentify with other fathers. I found myself speaking to the founder of this support forum and community for fathers during the recruitment process. I learned from him about the 'Wave of Light' event. Some fathers had attended local group support meetings for families affected by stillbirth and neonatal loss. Some told me they found this helpful and continued to be part of this support network. Others experienced these groups as female dominated, less beneficial than the one to one counselling, and had stopped attending. For the most part, fathers found that they could talk more freely about their children and their diverse experiences in groups of fathers where they shared a commonality.

When Alistair failed to receive counselling from his GP he spoke to his boss. Alistair's boss offered him counselling through a work scheme. I asked Alistair how this felt: *'Oh I could have given him a **big hug and a kiss** (laughs) afterwards (I laugh, yeah) Yeah, It were just, it were just **nice** that somebody had genuinely thought well, yeah he's struggling a bit, you know (yeah), I'll offer as much support as I can'*. I noticed that Alistair found it easier to convey an embodied gratitude where a word such as '*nice*' seemed to touch the surface.

When Craig was in hospital, he found a book for bereaved fathers in the bedside table of the bereavement suite. He exclaims *'this is for me'*. For the first time he feels that his particular experience has been considered; *'it's something to grab on to'*. When he finally meets his baby six days after her death, he finds he is touched by an embrace from the midwife:

*'I'll go and see if the Dad's ok, which was quite **nice**, a **nice** thing to say and she'd obviously been stood outside this door for I don't know 5, 10 minutes, just silently not doing anything, just waiting for me to come out and she just said you know, **are you ok?** And um, she closed the doors behind her as well so it felt like **we were just together**, and I said no not really, she said do you need anything, I said uh no, no, no, I'm ok... and **she said do you need a hug?** (He begins to cry) And that just, that, just um, that just ripped it out of*

me, so um, I kind of did, um you know I felt I needed one, but I didn't say anything, but anyway she just came towards me, she just grabbed me, um and I had a little cry' (Craig)

I wondered again if the use of the word 'nice' demonstrated how difficult it was for these men to express their need to be looked after. It seemed to me that comfort and understanding was meaningful in embodied ways. Danny told me that he would have appreciated a hug when people did not know what to say. Chris explained he would have been happy if his colleague had just 'held me hand or something and said I'm sorry'. I was reminded of Anthony describing his counsellor as 'a hand that holds you'.

David recalls:

'I can still remember my Nan, with, it, I don't even know if there were people there or not but I just remember my Nan (mm) standing next to me at the graveside holding my hand, it almost so symbolic to me of what (mm) she represented to me, of what she did for me' (David)

Alistair, Sean, David, Chris, Craig and Danny talked at length about the ways counselling supported them through this experience. I felt that the therapy was meaningful predominately because their counsellors recognised and validated the complexity and uncertainty of their individual experience.

'I was feeling all those emotions at the time and er, afterwards you, like I said I felt guilty for feeling like that (mm)... he'd say well, you know obviously you've gone through an emotional rollercoaster, and, you, you bound to feel that way, but you know it's ok to feel that way' (Alistair)

Chris reflected on the counselling process; 'they've got to know **you**, they've got to understand **you**'. I have drawn on some of the similarities between the fathers' experiences but ultimately they needed to be known as individuals in their counselling going through their own particular lived experience and grieving process. Counselling helped Danny feel less ashamed of his feelings; 'she just made it alright to be who I was and say well those are **valid feelings**, you're allowed to feel angry'.

Craig explained how counselling helped him appreciate the power of sharing with others; *'with the bit of counselling I've kind of understood that, what do I get from that group, well again **nobody can understand my circumstances but basically it's just talking, all it is, is, sharing experience** and sharing views, and I realized that what I do, is I, you know I, I take little bits from how some people have reacted and think oh that's nice, or it, **it just helps you to relate**'.*

I reflected on how I related to these men, as a woman and a researcher. After leaving Chris's interview I questioned *'I am going as a professional and can I understand?'* At times, I felt bound by my role as a researcher, I did not want to disclose too much yet I felt outraged when Alistair told me about his GP. Had I remained *hidden* in the interview process afraid to misunderstand these men? Could this be an experience that therapists might have to sensitively navigate?

After my last interview (with Danny) I reflected:

'I was able to say to Danny at the end of this interview 'I'm sorry for your loss' which was something I didn't feel I did with other fathers, and I almost regret that really that I was nervous to be professional and I felt with Danny I was much more able to be human, and I think that was something in his story as well, that you know he struggled to go back to work, work expected him to put his uniform on and do the job and actually he was saying he wasn't able to do that and I had to be what my body was being, and I think I felt his expression of that reassuring for me to be like that also...

Danny said to me um that he had found the experience quite therapeutic and that felt quite comforting to me that I had possibly been, helped in some way, in giving him that research experience, and I remember Alistair saying that in his email, so perhaps something that I was able to offer was an opportunity for these fathers to tell their stories, not just in the research... but in the moment of, moment contact of the interview itself and I don't think I'd really thought about that, I'd thought about presenting their stories to the world rather than the actual process of the interview itself' (Hannah)

I realised that I learned to open myself up to the fathers experience as I went through the interviewing process and in my final interview I had been able to be more authentic. I reflected on the father's journey to open up the parts of them that were in danger of remaining untouched and hidden. Their relationship with their stillborn child is a powerful creation and for some their relationship with their counsellor allows this to be unravelled.

Some fathers hoped that this research would 'touch' other people and this motivated them to take part:

*'if the system doesn't work and **take care of me**, you know there's thousands of other people it's not looking after as well... that's why this was interesting to me (mm) just because it's nice to see somebody doing something (mm) about it... even if the impact of, of what you do or what anybody else does, brings one more person to do what I did' (Craig)*

3.5 Final Reflections After Analysis

There were times processing these interviews where I questioned everything about myself, my decision to do this thesis, who I was and where I was going. I identified with something of the existential despair and reconciliation that these fathers went through as I was recovering from a cancer. I wondered why I had chosen to immerse myself in an experience that was so tragic. Yet in this despair, some men found 'glimpses of light'. They continued to live a life, although a changed life; a life that had been touched. Their experience could not always be shared or expressed and for some this led to a journey into an unknown therapeutic relationship. Most fathers found a counsellor who would empathise, validate, and attempt to understand their experience, so that they in turn could begin to empathise with themselves.

Perhaps I was searching for the hidden parts of myself, the parts I do not feel I can share. Perhaps I was searching for my hidden grief and losses. Perhaps I wanted to understand my father or my relationship with masculinity. Ultimately, I had to find a way to accept what is. My supervisor told me we can work so hard to find some truth but sometimes when we stop searching for answers, we find relief. Indeed, I continue to experience life for all that is known and unknown. These fathers will always hold on to the precious time they had with their babies and their relationships will continue, but they have found a way to walk on through life. I have been touched by these fathers. Despite my attempts to write a thesis to portray their experience, I surrender to life, death; the limitations of being human, my body, and my words.

"To look life in the face, always, to look life in the face, and to know it for what it is...at last, to love it for what it is, and then, to put it away..." – Virginia Woolf (1882-1941).

CHAPTER 4: DISCUSSION

This Chapter will address the main findings from the analysis and they will be reviewed in relation to the existing literature. It will also be discussed how the findings serve to inform therapeutic practitioners and healthcare professionals working with this particular client group. Relevant theory within the psychoanalytic relational field shall be used to enhance an understanding of the fathers' experience and suggestions for a theoretical and conceptual understanding of the phenomena will be given. Finally, a critique of the research process will be provided and proposals for further research will be presented.

The significant findings that will be discussed are:

- The embodied nature of the relationship between the father and his stillborn child and the profound sense of loss the fathers experience after the stillbirth. The ways the fathers found their grief confusing and the need for each father's unique experience to be recognised in their therapy.
- The lived experience of grief for these fathers and the ways traditional models of grief fail to address this particular form of loss. Normative ideas about 'stages of grief' post loss contrast with the experience of being a father to a stillborn baby.
- The ways the fathers 'hold on' to their ongoing relationship with their stillborn child. The therapy was meaningful when it addressed and validated the fathers' need to preserve this relationship, particularly in terms of negotiating how to 'hold on' to their children and 'move on' with their lives.
- How these fathers re-negotiated their sense of 'masculinity' within themselves and in their relationships with others in the aftermath of the stillbirth. Each father's former 'masculine self' is grappled with, transformed, and reconciled in individual ways within their experience of loss, grief, and counselling.
- The multi-faceted ways these fathers were fundamentally changed by their experience.

4.1 The Embodied Relationship

These fathers experienced an embodied relationship with their stillborn child and meeting their baby ignites *'something that is very powerful inside you'* (Craig). In this 'moment of meeting' (Stern et al. 1998, p. 908) between the father and his stillborn baby, something is created and lost in the same embrace. Stern et al. (1998) describes a mutually created recognition that occurs in the intersubjective environment, for example between mother and baby. I will discuss the complex experience of recognition and lack of recognition for these fathers and draw from Benjamin's intersubjective perspective (Benjamin, 1995).

Benjamin (1995) outlines an intersubjective perspective that incorporates the development of mutual recognition between infant and parent. Benjamin (1995) suggests that the early experience of understanding and being understood is essentially mutual; the parent seeks recognition from the infant as the infant seeks recognition from the parent. Benjamin (1995) describes this face-to-face play as 'key moments of transformation' (p. 34) where something new is created between the parent and infant in the sharing of their inner worlds.

In ordinary developmental life, the infant and parent spend time together in mutual recognition of their own and the other's state; the 'organism as a whole at a given moment' (Stern et al. 1998, p. 906). I reflected on what happens to this shared mutual recognition when the father is holding his stillborn baby. It seemed he was unable to know his child as a 'whole', this form of play, interaction, sharing and exploration is partly lost. Yet, I sensed that not all was lost. Anthony describes feeling: *'almost like I was looking at myself at the time... it didn't feel 100% real at the time'*. I suggest that Anthony is describing a form of recognising himself in his child although his baby is never able to open his eyes and share this contact. The fathers found ways to 'contact the child's mind' (Benjamin, 1995, p. 35) in a form of imagined play as if they were alive; they played with their fingers and toes, bathed, dressed, and talked to their stillborn children. Danny explained *'to me he was alive...it was just father and son having a chat'*.

I also sensed the 'deadness' that these fathers experienced within them, after seeing their baby's dead body. Anthony felt '*emptied*'. Craig searches for a support network; a relational world where he hopes to be recognised but finds it is '*dead*'. Chris describes '*dying inside*'. It seemed the father's experience of holding their child's body and engaging with their stillborn baby left the father with an internalised sense of depletion; as the father seeks to attune to his newborn baby he experiences an 'inner experience that is congruent' (Benjamin, 1995, p. 34). At the same time, their baby's body is evidence of the child's life and the fathers go on to find ways to preserve the '*alive*' (*Danny, Alistair*) relationship they have with them.

The fathers found themselves struggling to know 'how to be' in the aftermath of their loss; losing a sense of self and feeling profoundly uncertain about the world. There is a need to be recognised by the other in order to establish oneself as independent (Benjamin, 1995). Benjamin (1995) talks of a process of independence and separation being negotiated between parent and child and this enables omnipotence to be replaced by mutual recognition. I have suggested that there is a limited 'real' opportunity for mutual recognition between these fathers and their babies. I sensed the frustration, battle, anger and desire for control in these fathers. Chris felt '*nothing makes sense*'. I wonder if these fathers struggle with the shock of not being able to control the life and death of their baby, with no opportunity to negotiate a separation between them.

It seemed that these men were stuck intrapsychically and intersubjectively in a state of '*limbo*' (*Craig*); somewhere between the 'real' and 'unreal', 'shared reality' (Benjamin, 1995, p. 41) and 'illusion' (Winnicott, 1991, p. 3). Leon (1996) suggests that a conceptual understanding of perinatal loss requires integration between the concrete reality of the child's existence and death and the emotional and intrapsychic reality of parental fantasies about the child during pregnancy. This left some fathers feeling confused about '*what am I grieving for*' (*Craig*). Some fathers found themselves on the edge of '*mental mess*' (*Sean*) and sought creative ways to manage their loss, for example through charity work and helping others. Winnicott (1991) argues that in adult life 'illusion' is integral to religion and art, whilst it can also become the 'hallmark of madness' (p. 3).

The fathers' experience is painfully unrecognised by others in their relational world (O'Leary and Thorwick, 2006) and this fosters a sense of isolation for these men. Their emotional turmoil is described as a *'rollercoaster with nothing to hold on to'* (Craig). For most fathers, counselling provides the opportunity of being with 'a recognising other' (Benjamin, 1995, p. 46) that allows these men to regain some *'form of order'* (Sean) and discover meaning in their experience. Indeed these fathers described the importance of their individual counselling as *'an hour for me'* (Alistair), *'my own space'* (Sean) in which *'it was all about me'* (Craig). Through his counselling, Chris felt *'there are still bits that you can control, you haven't lost everything'*. Fathers found it particularly meaningful when their experience of being a father to their stillborn baby was met with understanding in their therapy. In turn, the counselling relationship enabled some fathers to realise the power in *'sharing experience'* (Craig).

Stern et al. (1998) suggest that in the therapeutic work, there are 'now moments' when something gets 'lit up subjectively and affectively' (p. 910) in the inter-subjective *'encounter'* (Craig). I suggest the fathers embody this experience when they meet their babies but for some this is experienced with *'brilliant'* counsellors who shed light on their experience. It is in the 'shared implicit relationship' that meaning is created for these fathers. I found that most fathers recalled an embodied feeling of comfort, reassurance and validation in their counselling. Danny describes his counselling as *'a private moment with somebody'* and compares this to the one-to-one time he had with his son.

I was aware of the creative ways these fathers engaged with the ongoing relationship they had with their children. Craig created a 'potential space' using email to communicate with his daughter, Danny continued to 'play' with his son at his grave. Sean had created a charity symbolising the ongoing relationship he had with his daughter. Winnicott (1991) located creative living in the *'potential space'* (p. 100) between the individual and the environment, between baby and parent. Sean experiences connecting with his daughter in the space between him and the world, she is in the snow and the stars:

'Space is not the setting (real or logical) in which things are arranged, but the means whereby the positing of things becomes possible. This means instead of imagining it as a

sort if ether in which all things float, or conceiving it abstractly as a characteristic that they have in common, we must think of it as the universal power enabling them to be connected'
(Merleau-Ponty, 1962, p. 243)

4.2 Re-Addressing Traditional Models of Grief

I found that the father's relationship with his stillborn child is full of vitality as well as despair. This is not a loss to be mourned or separated from as fitting with traditional psychoanalytic models of grief work. Alternatively the therapeutic experience can be an opportunity for these fathers to find meaning in the abundant love they have for their children. I suggest the synchronised meeting with life and death in the body of their infant is intertwined with an inner state of *'limbo'* (Craig) for these men, a space between life and death, reality and unreality, which seems to call into question a 'process of mourning'. The fathers cannot 'let go' or 'mourn' the loss of their child but at the same time struggle to understand their relationship with their stillborn child leaving them left in a state of confusion, despair and 'mess'.

Cacciatore et al. (2008) explain that when a baby dies the family begin a 'journey toward healing that continues, realistically speaking, through the rest of their lives' (p. 440). Cacciatore et al. (2008) propose that a dominant theme in their work with bereaved families after stillbirth is 'ambiguity' (p. 440). Infant death is described as an ambiguous loss in which resolution is unlikely. The process of healing involves managing this experience as a whole rather than eradicating it; the bereaved 'live with loss and manage loss' (Cacciatore et al 2008, p. 441). The nature of this ambiguity is modelled as a 'boundary ambiguity' (p. 441) that is the congruence between physical and psychological presence and absence. When a parent loses a baby there is a high level of boundary ambiguity; physical absence and psychological presence (Cacciatore et al. 2008). The fathers experienced their therapy as meaningful when their ongoing fatherhood was legitimised (Cacciatore et al. 2012).

Furthermore, counselling reassured some fathers that their experience *'isn't weird...it's human, it's natural'* (Craig).

Chris feared that moving on with his life would take him further away from his daughter. His counsellor reassured him: *'no you're not...you're just letting life back in'*. Craig recalled his counsellor letting him know that this experience was not something to *'get over'*. Alistair found it comforting when his counsellor explained that his daughter *'will always live on through you talking about her'*. It seemed that 'grief work' with these fathers required a sensitive understanding of the continued bond between the father and his stillborn child (Davies, 2003), whilst at the same time assisting the fathers to let in *'little glimpses of light'* (Chris). Danny explains: *'you have to accept it, not accept it and forget, not accept it and not wanna talk about it, but just accept that it, you know once you accept that he isn't here, you can, you can kind of get on, and now it's become fun in a way to go and see him and fun to talk about him'*. Cacciatore et al. (2008) conclude that for these parents grief does not follow a schedule but is 'a timeless, nonlinear procession of emotions that rises and falls' (p. 452). These fathers continue to wonder about their child's life and experience significant moments when they are missed (Cacciatore et al. 2008).

It seemed these fathers experienced multiple forms of loss in their relational world and within them. Some fathers lost former relationships with friends and some struggled to understand themselves as changed men. David questioned his faith, Chris and Danny explored their experience of an existential crisis. It seemed their meeting with life and death in the embrace with their baby transformed these men in multi-faceted ways, breaking down the *'structure'* (Anthony) of their internal and external worlds leaving them with *'nothing to hold on to'* (Craig). I sensed the ways the fathers struggled to hold on to the meaning in their experience. Chris describes *'the whole everything, it was just too dark'*. McGinley (2011) writes that we are in a 'state of constant becoming, of maintaining an adequate sense of self' and at times when this is threatened we may seek therapy where new possibilities can be opened up. For some fathers, the counselling was an opportunity to re-establish 'a sense of ontological security, a sense of personal wholeness' (Thompson 1997, p. 81). It seemed

through *'that encounter'* (Craig) and recognition from the therapist, the fathers are able to experience a greater sense of integration *'like a jigsaw'* (Sean).

Thompson (1997) proposed that men may be inclined to address practical tasks when grieving as opposed to emotional ones. In this study, some fathers did approach practicalities such as arranging the funeral and even carrying their baby into the church. However, their loss required these fathers to address their emotional needs also; as Alistair explained *'I neglected myself'* and this in part motivated some to embark on their counselling.

Stroebe et al. (2005) suggested in coping with bereavement; restoration orientation (finding ways to adjust to life moving forward) was an approach men tended towards, whereas loss orientation (reflecting on the past and emotional experience) can be viewed as a feminine approach. Therefore, bereaved men may benefit from counselling that furthered confrontation with emotions (loss orientation). I found that each father had different needs; *'the process of grief is complex and evolving and, of course, there are multiple dimensions to every individual'* (Cacciatore et al. 2008). Alistair wanted to talk about his daughter (when his wife did not) and he found he was able to express his emotional experience to his counsellor. James and Anthony wanted ways to move forward and find solutions, which they felt their counsellors were unable to assist with. This calls into question models of grief work that involve universal emotional tasks (Worden, 1991). I suggest it was necessary for the fathers' therapy to be tailored to the needs of each individual father.

The fathers find their own ways of re-connecting with their lost children who exist relationally and emotionally within them, and who existed in body for a short time. Danny is able to find joy in *'messaging about'* with his son at Tom's grave. Yet these fathers recognise they are embedded in a social world which inhabits expectations to *'move on'* or be untouched by their baby's short life. Alistair experiences this when he visits his GP and is told *'it is worse for the mother'*. Perceptions of difference between men and women are collaborated with the perception that this type of grief can be *'worked through'* by these men.

Complicated grief has been given official recognition in DSM-V (APA, 2013) and these fathers expressed their *'persistent longing for the deceased'* (p. 789) as parents. This form of

grief may be at risk of being complicated *by* cultural expectation on men to *'get on with it'* (Alistair, James). Thompson (1997) suggests that normal grief has been defined by a socially constructed set of expectations. The therapy was meaningful when the counsellor validated the existing and ongoing relationship between the father and his stillborn child. Alistair's counsellor explained that Mary *'will always live on through you'*. Therefore, models of grief can be re-addressed in the context of stillbirth.

4.3 The Importance of Objects in Holding on to Subjects

'Seeing and holding her brought both intense pain and great joy at once. Perhaps this and other stark dualities – the body as beautiful and horrible, simultaneously saying hello and goodbye, giving birth but leaving with empty arms – best define the experience of stillbirth' (Weaver-Hightower, 2012, p. 470).

The fathers spend time with their baby which they experience as *'precious moments'* (Alistair). The body allows the life of the child to be more fully known and recognised by the father. The father becomes witness to his own *'flesh and blood'* (Chris). It is *'difficult to let go'* (Anthony) of the baby's body and the fathers find comfort in holding on to tangible and physical entities that represent the embodied relationship with their babies:

*'Things function as the tangible, earthly connections these parents have with their babies, a means of **creating memories** of and social identities for their children since the corporeal child no longer exists and often goes socially unrecognised'* (Weaver-Hightower, 2012, p. 475).

Past research has acknowledged the importance for fathers to have 'tokens of remembrance from the baby' (Samuelson et al. 2001, p. 127). In the present study, the fathers held on to their children's ashes, photographs, a hand and foot print, and 'Borris the Bear' to give examples. Sean tattooed his daughter's hand and footprint onto his body, symbolising the touching embrace that happened between them. I came to understand these things as more

than 'mementos' (Bennett et al. 2005, p. 182) but also as ways of 'creating memories' (Weaver-Hightower, 2012, p. 475). Danny visits his son's grave and tells me *'I'm still making memories with him'* when he slips over in the mud he recalls *'I've done that **with you**'*.

Alistair kept his daughters ashes because he wanted her at home after he felt like he'd abandoned her at the hospital. Craig writes emails to his daughter and will *'take real care over it'*. I realised these entities enabled the fathers to continue to engage with the relationship they have with their stillborn children. Indeed new feelings, memories, thoughts and meanings are created when Danny visits his son's grave and Chris misses his daughter on holiday.

It seemed to me that the blanket, the teddy, the foot and hand print were actual and symbolic parts of the embodied life of their children and the ongoing relationship the father had with his stillborn child. I thought about the ways these fathers held on to a form of 'transitional object' (Winnicott, 1991, p. 6). Winnicott (1991) explains that although the transitional object is symbolic of the 'part-object', it is the 'actuality' (p. 6) of the transitional object that has real value. Winnicott (1991) explains that the transitional object only has meaning when there is an internal object that is 'alive and real and good enough' (p. 9). These 'things' help remind the fathers of the real and alive love they have for their baby as well as the existence of aliveness their baby once embodied. In this way, the fathers were able to hold on to their relationship with their stillborn children (Davies, 2003).

I came to understand that these 'things' were *part of* the fathers relationship with his baby; enabling the relationship between father and child to continue, acting as *part of* the subject (my italics). Therefore, these objects are not used to ease separation but a way of managing the confusion around what was real. Winnicott (1991) presents transitional phenomena as that which allows what is 'objectively perceived and what is subjectively conceived' to be negotiated; without which there is 'no meaning for the human being' (p. 11). I suggest the fathers are searching for ways to manage that which they know logically, objectively, and in reality; that is, the death of their baby, and that which they know emotionally, subjectively and meaningfully; that is, the life and ongoing existence of their baby. The transitional

objects as well as the transitional spaces that are created in their therapy and in supportive relationships, enable 'the mess' to be managed.

It has been argued that fathers struggle to know what is 'normal' through this experience and this has been compounded by social, political, and cultural influences (see Weaver-Hightower, 2012). I became aware of how the 'mess' and confusion within this loss was further ignited when their experience was silenced by others. As said earlier, Alistair visited his GP and was met with *'well it's worse for the mother'*. Alistair struggled with this perception within himself, he felt *'it's obviously going to be a lot worse for her than it is me, but at the end of the day I was still her father, I was there at the birth, I went through all the same experience'*. Bonnette and Broom (2011) challenge the binary view that only women can have an exclusive embodied parental engagement with their child, as does the present study.

James explains *'I felt from all corners, family, friends, medical people, counsellors, it hasn't happen to you because you're the man, you didn't carry the baby'*. Allegranti (2011) advocates 'bodies are not neutral'; gender is a socio-political issue that shapes our 'mental, emotional and physical selves' (p. 487). Butler (1994) argues that sex differences are determined not by our biological bodies but by the cultural norms imposed on us because of our bodies. I became aware of how these fathers resented the expectations placed on them because of their male bodies and at the same time identified with patriarchal constructs of masculinity, therefore feeling confused about how to manage this dichotomy. I shall now address further the complex ways these fathers experienced their 'masculine selves' in the aftermath of this loss and in their counselling.

4.4. The Masculine Self

The fathers recognised their inclination to put on a *'brave face'* (Chris), and *'be strong'* (Alistair, Chris, James, Danny). Previous research has suggested that fathers may maintain efforts to protect the family and be strong which may mean their own grief remains hidden

(see McCreight 2004, O'Leary and Thorwick, 2006, Samuelson et al. 2001). The fathers in this study commonly found it difficult to know how to express their grief particularly in front of their partner who they wanted to support. Some men found it difficult to know how to acknowledge their profound feelings of loss as a man when the mothers experience was more openly recognised by others. Chris explains; '*we have different pressures... different needs*', but I got the sense it was difficult for the fathers to understand what their needs were and as suggested earlier this partly influenced some fathers to seek counselling. A one-to-one therapy gave some fathers the opportunity to '*talk about everything*' (Alistair) and in this way the counsellor '*made it ok to think about me...I couldn't say things if, if my wife was sat here*' (Danny). I wondered if Danny was also referring to his ability to reveal aspects of his own lived experience in the interview.

It is necessary for counsellors and health care practitioners to recognise the behaviours and expressions of men that may indicate inhibited feelings (O'Leary and Thorwick, 2006). Craig found it difficult to express to his midwife that he did need a hug. In the interviews, fathers used war analogies to express their emotions; David recalls '*the bomb hit*'. I sensed the embodied nature of their loss but I also wondered if the fathers' use of language, as well as their difficulty in asking for help and their expression of anger was related to their identification with masculine norms. James described that any emotions perceived as weak he '*would now just mask with anger*'. James felt unrecognised in his experience of counselling but he also anticipated the therapeutic process '*would make me feel incredibly vulnerable*'. Working with this particular group of men may require therapeutic practitioners to sensitively navigate the father's need to express his feelings whilst retaining his sense of masculinity.

Gaitanidis (2012) suggests psychoanalysis recognises the importance of men's 'need for authority and control' and 'their experience of fear and vulnerability' (p. 136). Gaitanidis (2012) views these two experiences as complementary rather than mutually exclusive. It is proposed that when men can engage with such vulnerability in their therapy then they may be able to 'endure the disintegration of their traditional selves and find strength to reformulate their identity' (Gaitanidis, 2012, p. 136). It seemed something of this process

happened for some fathers particularly: Craig, Danny, Chris and Anthony. However, James perceived this process as *'giving a lot of you away'*. When Sean's counsellor asked him if crying made him feel *'less of a man'* he adamantly refused her interpretation. I suggest the father's unique relationship with his 'masculine self' must be explored sensitively in the therapeutic work with this group of men.

Previous research has found parents experienced a sense of failure after losing an infant and for men this sense of failure was often related to his identity as the family protector (Wing et al. 2001, O'Leary and Thorwick, 2006). Gaitanidis (2012) argues that men are holding on to 'ideas of manhood which no longer serve them well and by which they are trapped' (p. 8). David felt *'he didn't do his job'* and this was explored in his counselling. Craig struggled to approach counselling because he initially perceived it as a *'weakness'*. However, I also found that some men were able to 'let go' of their former sense of manhood. Anthony reflects on his new understanding of strength: *'if you think that strength is being bullet proof, it's, I don't think it is, I think it's the opposite, I think it's being able to accept your weaknesses...and be softer inside'*.

I learned how each father struggled to re-negotiate their gender identities and roles in unique and complex ways. At times, their role as provider and protector enabled them to do the job that they wanted to do, for example Sean felt it was *'his duty'* to carry his daughter into church. At other times, these men resented the expectations they felt were placed upon them; *'I just felt it was total lack of understanding...yeah ok I'm a bloke but I'm human, I have emotions...I've lost my child'* (Chris). Some fathers felt unsupported and unrecognised by others compounding their sense of loss. In Craig's initial search for support he found *'nothing existed'*. It seemed therapy gave some fathers an opportunity to have their experience as a man in turmoil, recognised and validated: *'she just made it alright to be who I was and say well those are valid feelings'* (Danny).

James explains *'any emotion considered weak from you know the, the, the, the, the, **not the public's perspective but our perception...** I would now mask with anger'* and later *'if **you're** saying that that's all weak and men should be strong and deal with it, well fine ok, then that's my way of dealing with it'*. I asked myself who is 'you're' and 'our perception' if not

the public's? It seems that James's identity as a man is ingrained within him in elusive ways. Butler (2005) asks 'if gender is a construction, must there be an 'I' or 'we' who enacts or performs that construction?' (p. 134). Butler (2005) argues that the individual is 'subjected to gender, but subjectivated by gender' thus 'neither precedes nor follows the process of this gendering, but emerges only within and as the matrix of gender relations themselves' (p. 134).

I propose that the therapist is required to sensitively navigate the 'I' and 'you' around this matrix of gender relations when working with each father's individual experience. Although cultural expectations played a role for some men in terms of their struggle with therapy, not all men conformed to a particular set of traits that defined their gender (Garfield, 2010). Indeed, Alistair was desperate to talk about his daughter and felt like giving his boss a hug when he was offered counselling on a work scheme. This study presents how each father addressed their sense of masculinity in unique ways within their experience of loss and therapy.

4.5 Transformed By Life and Loss

Chris described *'falling apart'* and Anthony explains *'it just shook me to the ground you know and I just thought, this is where you, that's where, who you are'*. Anthony reflected on his changed understanding of *'strength'* as being more sensitive and *'softer inside'*. Craig *'learned a huge life lesson'* when he asked for help and Danny came to recognise that counselling *'doesn't mean I'm weak... it meant something happened in my life'* (Danny). Craig's new found empathy felt like *'a gift'* from his daughter, whilst James lost his empathy for humanity. I sensed how the experience of stillbirth and counselling transformed these men in their own ways. James explains: *'it's definitely affected me as a person'*. For some fathers the counselling allowed them to explore *'is that normal or have I, have I changed'* (Chris).

The fathers' used language and metaphors to engage with the physicality of their experience; most fathers described being '*hit*' by grief. Furthermore, some men described a powerful embodied loss; Anthony felt '*emptied*', Anthony felt '*hollow*' and Chris felt '*there was a huge gaping hole of, of loss*'. Raingruber and Kent (2003) argue that 'ambiguous feelings often find voice as embodied sensations, perceptions and physical responses before they are understood on an intellectual level' (Raingruber and Kent, 2003, p. 450) and suggest the need for health care practitioners to attend to individuals embodied sensations after a traumatic incident. I also sensed that these metaphors revealed something of the pregnancy of life that had grown in these men as they had begun to relate to their unborn child and become a father.

I suggest that in working therapeutically with these fathers, practitioners may need to attend to and indeed experience embodied reactions in order to recognise the significance of this traumatic event. I was moved and transformed by the fathers during the interviews and analysis as I attempted to make sense of these men making sense of their loss and fatherhood. When working with this client group I suggest that clinicians may need to 'be reminded of the fact that care giving in traumatic situations is a self-changing experience that shapes the clinician's perspective of the world' (Stamm, 1995. p. 466 as cited in Raingruber and Kent, 2003). I found that the experience of stillbirth impacted on the fathers '*whole*' (*all fathers*) sense of self. Within the whole I delved into the parts: the fathers' eternal love for his stillborn child, his ongoing engagement with this relationship, his encounter with therapy, his experience of recognition in meeting his baby and for some in the therapy, his experience of being changed by loss and his endeavour to make sense of his experience as a man and as a father in his counselling.

4.6 A Critique of the Research Process

Reflecting on my embodied experience within methodical hermeneutics has enabled me to develop an understanding of these fathers' particular experience (Levitt et al. 2015). I have

attempted to be transparent and to bring an authentic account of my experience (Levitt et al. 2015, Yardley, 2000). I have endeavoured to move 'from the passivity of listening into self-reflection and active engagement in making meaning' (Levitt et al. 2015, p. 8). The present study has conveyed that any knowledge of human experience exists as 'an active relational process' (Strawbridge, 2006, p28). This approach fits with counselling psychology as the research process, like therapy, involved a process of inquiry and critique. Subjective experience has been recognised as situated within a context of political, social, psychological, and ethical meanings (Strawbridge, 2006).

If therefore, 'a relational, shared creation of meaning' is 'embedded within the wider culture' then subjective experiencing is difficult to measure, fluid and pluralistic (Blair 2010, p. 24). Whilst Counselling Psychology attempts to 'integrate these notions into its view of the person' (Blair, 2010, p. 24) there are limitations to what we can know (Bishop and Shepherd, 2011). Bishop and Shepherd (2011) argue that reflexive accounts should be considered through a narrative paradigm in order for research to be more ethical. It is suggested that we cannot access true subjectivity when analysis and reflexivity is temporally situated; meaning reflexivity in hindsight is limited. Inevitably, I am unable to fully deconstruct my impact on the interviewee and how these fathers affected me, because I am shaped by social and interpersonal factors that I may not have been consciously aware of at the time (Bishop and Shepherd, 2006). In short, it is not possible to remove ourselves from 'being in the world'.

Alternatively, I endeavoured to be honest, transparent and reflexive in order to produce ethical research (Yardley, 2000) whilst recognising that reflections are incomplete and reconstructed (Bishop and Shepherd, 2011). Although it is not always possible to be certain about which aspects of our past, position, personal assumptions, and self-narrative influence the research during interview and analysis, 'reflexivity is a necessity, helping us to better understand the co-created, situated nature of research findings' (Bishop and Shepherd, 2011, p1290). I have reflected on my position as a Counselling Psychologist in training and how this may have impinged on the data. I wondered whether my role as a psychological practitioner influenced Danny and Sean to ask me if they were '*messed up*'.

My position as a female psychological researcher may have enabled particular aspects of the father's experience to be talked about. Bonnette and Broom (2011) suggested that a female researcher may provide an opportunity for a more comfortable discussion around sensitive issues. At the same time, perhaps there were aspects of the man's experience I could not understand and parts of the fathers' experience that remained hidden between us. I reflected on my reluctance to make interpretations in my analysis about the fathers' feelings towards their partners. I reconciled that I did not want to move away from the father's 'dyadic' relationship with his child. I also experienced a desire to protect these fathers, as they desired to protect their families.

4.7 Suggestions for Further Research and Counselling Psychology Practice

My academic supervisor anticipated that these fathers may be difficult to recruit and although I did find the recruitment process arduous I remained determined to find them. It seemed there was a tendency for men to remain hidden, for example in secure online forums, yet once found they were grateful to be heard. Turton et al. (2006) suggests that there is a difficulty in recruiting male participants for psychological research and this may explain the lack of research on fathers and stillbirth. This may reflect a cultural belief that men are less willing to talk about their feelings. O'Leary and Thorwick (2006) proposed that offering men participation in research without going through their partners is helpful and indeed men are eager to express their feelings when given the opportunity. I suggest further work may examine the social and psychological factors that impede on recruitment of male participants and strive to find ways to overcome this dilemma.

Although my sample was homogenous in that all the fathers had experienced stillbirth, I discovered that James had an acutely contrasting experience to the other fathers. Perhaps fathers have different needs within the therapeutic intervention when their baby's death is a result of human negligence. During the recruitment process, I was contacted by fathers who experienced losing a baby in other ways, such as abortion. Investigation of the counselling

experience after alternative forms of infant loss, such as neonatal loss, late miscarriage, and abortion would further inform therapeutic practice.

Turton et al. (2006) found most research on the impact of stillbirth that addressed demographic differences did not consider social class. Zeanah et al. (1995) found that non-responders in samples of fathers who had experienced stillbirth were significantly more likely to be from a lower social class. Aho et al. (2011) found that fathers with less education reported stronger grief reactions than those with more education. Hsu et al. (2004) adopted an interpretative ethnographic approach to understand the mother's experience of stillbirth in Taiwan. It was argued that cultural ideology for family continuity and death-related taboos impacted on the mothers grieving process. Further research might address how issues of class, education and wider cultural differences interact with the fathers experience stillbirth.

During the research process I became aware of my own struggle working with infant death reflecting a historical and socio-political struggle with stillbirth. I struggled to use the words 'dead baby' in my narrative. I experienced powerful embodied reactions to the fathers and their data and at times '*I did not feel very well*' (Sean). I suggest working with this particular group of grieving parents is challenging in psychological, emotional, and existential ways. Future research is required in order to better understand the impact on health care professionals, therapists, and supervisors working with this particular group, thus deepening our understanding of what is required of practitioners working with infant loss.

The present study suggests that fathers who experience this particular loss may find it difficult to ask for their own therapeutic support. Nevertheless most fathers found one to one counselling critical in identifying their unique experience as a father to a stillborn baby and meaningful when their fatherhood was validated and legitimised. It is suggested that it is necessary for current practice to recognise the father's struggle in approaching therapeutic services for support in response to stillbirth. The opportunity for fathers to access individual counselling must be available and sensitively encouraged where appropriate. For example, where a service is approached by a couple, an individual assessment may explore the option of one to one counselling for the father.

The present research has identified that a one to one therapeutic experience in the aftermath of this loss can allow fathers to gain a greater sense of coherence and understanding within the self, and in some cases a form of acceptance. This can be enabled by practitioners allowing the father to explore their relationship with their child and by recognising their experience as a man who continues to be a father to a stillborn child.

CONCLUSION

The present study has explored the individual complexities and ambiguities within the fathers lived experience of stillbirth. It is argued that these fathers long for an experience of recognition and validation in their one-to-one counselling as in other relationships in the aftermath of their loss. I propose that the fathers' experience a meaningful therapeutic encounter when the reality of the embodied relationship with their stillborn baby and the continued existence of their relationship with their stillborn child, is understood and legitimised.

The fathers in this study experience a profound embodied emotional experience that changed them; leading to a contesting and upholding of aspects of their masculine selves. The father's relationship with their 'masculinity' exists within a complex relational matrix that can leave these men feeling uncertain about who they are and how they should be. This fosters a greater sense of loss, isolation and despair. In turn, working with their changed sense of self within their relational world, the reality of their relationship with their stillborn child, and their new understanding of their 'masculine selves', may be an integral aspect of the therapy with this particular client group.

REFERENCES

- Addis, M, E., & Mahalik, J, R. (2003) Men, Masculinity, and the Contexts of Help Seeking. *American Psychologist*, 58(1), 5-14.
- Addis, M, E., & Cohane, G, H. (2005) Social Scientific Paradigms of Masculinity and their Implications for Research and Practice in Men's Mental Health. *Journal of Clinical Psychology*, 61(6), 633-647.
- American Psychiatric Association. (2013) *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Aho, A, L., Tarkka, M., Astedt-Kurki, P., & Kaunonen, M. (2006) Father's grief after the death of a child. *Issues in Mental Health Nursing*, 27, 647-663.
- Aho, A, L., Tarkka, M., Astedt-Kurki, P., & Kaunonen, M. (2009) Father's Experience of Social Support after the Death of a Child. *American Journal of Men's Health*, 3(2), 93-103.
- Aho, A, L., Tarkka, M., Astedt-Kurki, P., & Kaunonen, M. (2010) Development and implementation of a bereavement follow-up intervention for grieving fathers: an action research. *Journal of Clinical Nursing*, 20, 408-419.
- Aho, A, L., Tarkka, M., Astedt-Kurki, P., & Kaunonen, M. (2011) Evaluatiing a Bereavement follow-up intervention for grieving fathers and their experiences of support after the death of a child – A Pilot Study. *Death Studies*, 35, 879-904.
- Allegranti, B. Ethics and body politics: interdisciplinary possibilities for embodied psychotherapeutic practice and research. *British Journal of Guidance and Counselling*, 39(5), 487-500.
- Badenhorst, W., Riches, S., Turton, P., & Hughes, P. (2006) The psychological effects of stillbirth and neonatal death on fathers: Systematic Review. *Journal of Psychosomatic Obstetrics & Gynecology*, 27(4), 245-256.
- Bazzano, M. (2012). Reconstructing masculinity. *Therapy Today*, 23(1) 24-27.

- Bennett, S. M., Litz, B. T., Lee, B. S., and Maguen, S. (2005) The Scope and Impact of Perinatal Loss: Current Status and Future Directions. *Professional Psychology: Research and Practice*, 36(2), 180-187.
- Benjamin, J. (1995) *Like Subjects, Love Objects: essays on recognition and sexual difference*. London: Yale University Press.
- Bishop, E. C., and Shepherd, M. L. Ethical Reflections: Examining Reflexivity Through the Narrative Paradigm. *Qualitative Health Research*, 21(9), 1283-1294.
- Blair, L. (2010) A critical review of the scientist-practitioner model for counselling psychology. *Counselling Psychology Review*, 25(4), 19-30.
- Bonnette, S., and Broom, A. (2011) On grief, fathering and the male role in men's accounts of stillbirth. *Journal of Sociology*, 48(3), 248-265.
- Brinkmann, S. and Kvale, S. (2008) Ethics in Qualitative Psychological Research, Chap 15 in *The Sage Handbook of Qualitative Research in Psychology*. London: Sage Publications Ltd.
- British Psychological Society (2009) Code of Ethics and Conduct, retrieved February 8, 2013, from http://www.bps.org.uk/system/files/documents/code_of_ethics_and_conduct.pdf
- Butler, J. (1994) Gender as performance: An interview with Judith Butler. Interview by Peter Osborne and Lynne Segal. *Radical Philosophy*, 67, 32-39.
- Butler, J. (2005) Introduction to Bodies That Matter, Chap 13 in Atkinson, T. (Eds) *The Body*. Basingstoke: Palgrave Macmillan.
- Cacciatore, J., & Bushfield, S. (2008) Stillbirth: A Social Political Issue. *Journal of Women and Social Work*, 23(4), 378-387.
- Cacciatore, J., De Frain, J., and Jones, K. L. (2008) When a Baby Dies: Ambiguity and Stillbirth. *Marriage and Family Review*, 44(4), 439-454.

- Cacciatore, J., Erlandsson, K., and Radestad, I. (2012) Fatherhood and Suffering: A Qualitative exploration of Swedish men's experiences of care after the death of a baby. *International Journal of Nursing Studies*, 2117, 1-7.
- Cochran, S, V., Rabinowitz, F, E. (1996). Men, Loss, and Psychotherapy. *Psychotherapy*, 33, (4), 593-600.
- Conway, K., and Russell, G. (2000) Couples' grief and experience of support in the aftermath of miscarriage. *British Journal of Medical Psychology*, 73, 531-545.
- Callan, V, J., and Murray, J. (1989) The Role of Therapists in Helping Couples Cope with Stillbirth and Newborn Death. *Family Interventions*, 38, 248-253.
- Davies, R. (2003) New Understanding of parental grief: literature review. *Journal of Advanced Nursing*, 46(5), 506-513.
- Elklit, A., and Gudmundsdottir, D, B. (2006) Assessment of guidelines for good psychosocial practice for parents who have lost an infant through perinatal or postnatal death. *Nordic Psychology*, 58(4), 315-330.
- Fairban, C. (2014) Registration of Stillbirth 2014. Retrieved January 29, 2015, from <http://www.parliament.uk/briefing-papers/SN05595.pdf>
- Finlay, L. (2002a). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2, 209-230.
- Finlay, L. (2002b). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12, 531-545.
- Finlay, L. (2008) A Dance Between the Reduction and Reflexivity: Explicating the "Phenomenological Psychological Attitude". *Journal of Phenomenological Psychology*, 39, 1-32.

Finlay, L. & Evans, K. (2009) *Relational centred research for psychotherapists*. Chichester: Wiley-Blackwell.

Finlay, L. (2011) *Phenomenology for Therapists: Researching the Lived World*. Wiley-Blackwell: Chichester.

Finlay, L. (2014) Embodying Research. *Person-Centered & Experiential Psychotherapies*, 13(1), 4-18.

Freud, S. (1917) Mourning and Melancholia. In The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works (pp 237-258) London: Vintage Books.

Flenady, V., & Wilson, T. (2011) Support for mothers, fathers and families after perinatal death. *Cochrane Pregnancy and Childbirth Group*, 2, 1-12.

Gaitanidis, A. (Eds) (2012) *The Male in Analysis: Psychoanalytic and Cultural Perspectives*. Basingstoke: Palgrave Macmillan.

Garfield, R. (2010) Male Emotional Intimacy: How Therapeutic Men's Groups Can Enhance Couples Therapy. *Family Process*, 49(1), 109-122.

Gee, P. (2011) 'Approach and sensibility': A personal reflection on analysis and writing using Interpretative Phenomenological Analysis. *Qualitative Methods in Psychology Bulletin*, 11, 8-22.

Hefferon, K., & Gil-Rodriguez, E. (2011). Interpretative phenomenological analysis. *The Psychologist*, 24(10), 756-759.

Hughes, B, C., and Page-Lieberman, J. (1989). Fathers Experiencing a Perinatal Loss. *Death Studies*, 13, 537-556.

- Hsu, M., Tseng Y., Banks, J., M, and Kuo, L. (2004) Interpretations of Stillbirth. *Journal of Advanced Nursing*, 47(4), 408-416.
- Johnson, M, P. and Puddifoot, J, E. (1996). The grief response in the partners of women who miscarry. *British Journal of Medical Psychology*, 69, 313-327.
- Kersting, A. and Wagner, B, W. (2012) Complicated grief after perinatal loss. *Dialogues in Clinical Neuroscience*, 14, 187-194.
- Lancet (2011). Stillbirths: Interview with Dr Richard Horton [video] 2011, retrieved Januray 29, 2015, from <http://www.thelancet.com/series/stillbirth>.
- Landridge, D. (2007) *Phenomenological Psychology: Theory, Research and Method*. Pearson Education Limited: Harlow.
- Lang, A. (2005). Letter. *Birth*, 32(2), 158-159.
- Larkin, M., Watts, S., Clifton, E. (2006) Giving Voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3:2, 102-120.
- Larkin, M., Eatough, V., & Osborn, M. (2011). Interpretative phenomenological analysis and embodied, active, situated cognition. *Theory & Psychology*, 21, 318-337.
- Leon (1996) *Revising Psychoanalytic Understandings of Perinatal Loss*. *Psychoanalytic Psychology*, 13(2), 161-176.
- Levitt, H., M. Ethan, C., L. Pomerville, A. & Surace, F. (2015) Pursuing the question of reflexivity in psychotherapy and qualitative methods: The contribution of David L. Rennie. *Counselling and Psychotherapy Research*, 15(1), 3-11.
- Lorber, J. (1994) *Paradoxes of Gender*. New Haven: Yale University Press.

Lovell (1997) Death and the beginning of life, Chap 2 in Field, D., Hockey, J., & Small, N. (eds) *Death, Gender and Ethnicity*. London: Routledge.

McCreight, B. S. (2004) A Grief Ignored: Narratives of Pregnancy Loss From a Male Perspective. *Sociology of Health and Illness*, 26(3), 326-350.

McGinley, P. (2011) The Question of the Self in Existential Thought. *Existential Analysis*, 22(1), 2-15.

Merleau-Ponty, M. (1962). *Phenomenology of Perception*. London: Routledge & Kegan Paul.

Miron, J., and Chapman, J. (1994) Supporting: Men's Experience with the Event of their Partner's Miscarriage. *Canadian Journal of Nursing Research*, 26(2), 61-72.

Murphy (1998) The experience of early miscarriage from a male perspective. *Journal of Clinical Nursing*, 7, 325-352.

Murray, J. A., Terry, D. J., Vance, T. J., Battistutta, D., & Connolly, Y. (2000) Effects of a program of intervention on parental distress following infant death. *Death Studies*, 24, 275-305.

O'Leary, J., & Thorwick, C. (2006) Fathers' Perspectives During Pregnancy, Postperinatal Loss. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 35, 1, 78-86.

O'Neil, B. (1998) A Father's Grief: Dealing with Stillbirth. *Nursing Forum*, 33(4), 33-37.

O'Neil, J. M. (2008) Summarizing 25 Years of Research on Men's Gender Role Conflict Using the Gender Role Conflict Scale: New Research Paradigms and Clinical Implications. *The Counseling Psychologist*, 36(3), 358-445.

Raingruber, B and Kent, M. Attending to Embodied Responses: A Way to Identify Practice-Based and Human Meanings Associated With Secondary Trauma. *Qualitative Health Research*, 13(4), 449-468.

Rando, T. A. (1986) *Parental Loss of a Child*. Illinois: Research Press Company.

Samuelson, M., Radestad, I., and Segesten, K. (2001) A Waste of Life: Fathers' Experience of losing a child before birth, *Birth*, 28, 124-130.

Schatz, W, H. (1986) Grief of Fathers, Chap 18 in Rando, T, A. (eds) *Parental Loss of a Child*. Illinois: Research Press Company.

Shaw, R. (2010). Embedding reflexivity within experiential qualitative psychology. *Qualitative Research in Psychology*, 7, 233-243.

Smith, J.A. and Osborn, M. (2003) Interpretative Phenomenological Analysis, Chap 4 in Smith (Eds) *Qualitative Psychology: A Practical Guide to Research Methods* (2nd ed). London: Sage Publications.

Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative psychology. *Qualitative Research in Psychology*, 1, 39-54.

Smith, J. A. (2007). Hermeneutics, human sciences and health: Linking theory and practice. *International Journal of Qualitative Studies on Health and Well-being*, 2, 3-11.

Smith, J.A., Flowers, P. and Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method, Research*. London: Sage.

Smith, J.A. (2011). 'We could be diving for pearls': The value of the gem in experiential qualitative psychology. *Qualitative Methods in Psychology Bulletin*, 12, 6-15.

Stern, D, N., Sander, L, W., Nahum, J, P., and Karlen, A, M, H. (1998) Non-Interpretive Mechanisms in Psychoanalytic Therapy: The 'Something More' Than Interpretation. *International Journal of Psycho-Analysis*, 79, 903-921.

- Strawbridge, S. (2006) Thoughts on becoming, being and developing as a Counselling Psychologist. *Counselling Psychology Review*, 21(1), 27-30.
- Stroebe, M. Schut, H. and Stroebe, W. (2005) Attachment in Coping With Bereavement: A Theoretical Integration. *Review of General Psychology*, 9(1), 48-66.
- Stinson, K, M., Laskar, J, N., Lohmann, J., and Toedter, L, J. (1992) Parents' Grief Following Pregnancy Loss: A Comparison of Mothers and Fathers. *Family Relations*, 41, 218-223.
- Taplan, M, B. (1997) Interpretive Psychology: Stories, Circles, and Understanding Lived Experience. *Journal of Social Issues*, 53(4), 645-657.
- Thompson, N. (1997) Masculinity and Loss, Chap 4 in Field, D., Hockey, J., & Small, N. (eds) *Death, Gender and Ethnicity*. London: Routledge.
- Thompson A. R., and Russo, K. (2012) Ethical Dilemmas for Clinical Psychologists in Conducting Qualitative Research. *Qualitative Research in Psychology*, 9(1), 32-46.
- Toedter, L, J., Laskar, J, N., and Alhadeff, J, M. (1988) The perinatal grief scale: Development and initial validation. *American Journal of Orthopsychiatry*, 58(3), 435-449.
- Toedter, L, J., Laskar, J, N., and Janssen, H, J, E, M. (2001) International comparison of studies using the perinatal grief scale: A decade of research on pregnancy loss. *Death Studies*, 25, 205-228.
- Turton, P., Badenhorst, W., Hughes, P., Ward, J., Riches, S., and White, S. (2006) Psychological impact of stillbirth on fathers in the subsequent pregnancy and puerperium. *British Journal of Psychiatry*, 188, 165-172.
- Vance, J, C., Boyle, F, M., Najman, J, M., and Thearle, M, J. (2002) Couple distress after sudden infant or perinatal death: A 30 month follow up. *Journal of Paediatric Child Health*, 38, 368-372.
- Weaver-Hightower, M, B. (2012) Waltzing Matilda: An Autoethnography of a Father's Stillbirth. *Journal of Contemporary Ethnography*, 41(4), 462-491.

West, C., and Zimmerman, D. H. (1991) Doing Gender, Chap 1 in Lorber, J., & Farrell, S. A. (Eds) *The Social Construction of Gender*. London: Sage Publications.

Willig, C. (2013) *Introducing Qualitative Research in Psychology (3rd Eds)*. Open University Press: Maidenhead.

Wing, D. G., Clance, P. R., Burge-Callaway, K., & Armistead, L. (2001) Understanding Gender Difference in Bereavement Following the Death of an Infant: Implications for Treatment. *Psychotherapy*, 38(1), 60-73.

Winnicott, D.W. (1991) Playing: Creative Activity and the Search for the Self. *Playing and Reality* (53-64). Routledge: London.

Worden, W. J. (1991) (Eds) Grief Counselling and Grief Therapy. The Handbook for the mental health practitioner. London: Routledge.

Wortman, C. B., & Silver, C. R. (1989) The Myths of Coping with Loss. *Journal of Consulting and Clinical Psychology*, 57(3), 349-357.

Yardley, L. (2000) Dilemmas in Qualitative Health Research. *Psychology and Health*, 15, 215-228.

Zeanah, C., Danis, B., Hirshberg, L., & Dietz, L. (1995) Initial Adaptation in Mothers and Fathers following *Perinatal Loss*, *Infant Mental Health Journal*, 16(2), 80-93.

THE APPENDICES

Appendix 1a: Example of Chris's Interview with Initial Notes on Description, Language and Conceptual and Reflexive Comments

1 H: Ok great, ok, yeah, just start from (pause) possibly when things started to go
 2 When things started to happen
 3 H: Yeah
 4 Yeah well it's, it basically started right back in, in A, in August last year, on the,
 5 on the sort of Thursday which would have been the 2nd August um (mm), my
 6 wife woke me up, not woke me up sorry went to bed that night feeling hang on
 7 I've not really felt any movements at all, and at this point she didn't told me
 8 anything about it, but then on the Friday morning um I woke up at er probably
 9 about half five in the morning, six o'clock to hear talking and I could hear my
 10 wife on the phone downstairs, I thought oh that's a bit odd (mm) so I was kind
 11 of half asleep and then I dosed off a little bit again, and she came upstairs and
 12 said um, er ~~we~~ we need to go to the hospital kind of thing (mm), um and
 13 in my mind was God is must be happening kind of thing, it must be right (yeah)
 14 so I jumped out of bed and but I could see that, um, there was something not
 15 right about her (yeah), her kind of body language, and I said, oh you know
 16 what's, what's actually happened, and then she, she did explain, she just said
 17 that um that she hadn't felt anything for probably 12 hours or so at least (yeah)
 18 um, so at that point, you know, I was, I'm always kind of a glass half full kind of
 19 thing (mm) and um, I was saying oh it will be, be something dat, you know kind
 20 of, maybe it's just getting a bit tight in there and stuff (mm), um, so we went
 21 down to the hospital pretty much straight away and (mean I knew) kind of
 22 had a feeling that something wasn't quite right when we initially got there,
 23 because they kind of ushered us into this room (mm) almost immediately as you
 24 go through the doors, and I just thought, that's a bit, cos then you, that
 25 department is, all the main rooms are all sort of up this corridor and they're all
 26 there at the back, but this one was just through the doors into the department,
 27 first door you know kind of shunted away, um, and this was probably about, no,
 28 no later than half six in the morning maybe quarter to seven or so on the third

*the words
were yours*

*— description
— interpretation
— language
— reflexivity*

— sounds odd

*re-assuring his wife/
he wasn't scared but
trying to hope otherwise*

A sense.

scanning
Too painful / to talk
catastrophic
in

29 of August, and um then the midwife came in, and then she put the um, what
30 they called doppler things (mm) er put one of those things on her and I could
31 see her sort of maneuvering it, maneuvering it, maneuvering it, and then at that
32 time start, I did start to worry then, but even still I was thinking oh maybe she
33 hasn't have a clue what she's doing (mm), but then, no, no she will do you
34 know, and then er she goes, oh I'm, I'm gonna go and get the actual scanner
35 cos it's a lot better than these things cos sometimes the heart is quite far back
36 then you don't tend to get a good reading anyway, so, off she trots, and then
37 brings in this, this scanning thing, and then um, she started scanning, and
38 straight away I could see like spinal chord and stuff (mm) and then, from,
39 previous scans when I've seen it, or you normally see a little flicker and, I wasn't
40 seeing it myself and then I could see her going round and round, and then she
41 goes oh I'll get, I'll get somebody who actually properly knows what they're
42 doing with this because um I'm, I'm not very good, and I could, but I could see
43 the worry in her face (mm) and then a few, probably no more than two minutes
44 later one of the consultants came in, and he sat down, and um, I, I said imagine
45 there's the bed, I was standing there (mm) consultant was there, the screen was
46 there (mm) (he was showing me the positions in the room), and then um, he
47 basically was scanning away and he just turned round and you know, he just, as
48 though he was just ordering a, a pizza of something, he just went, this baby's
49 not viable like that, and that, that was it, that was it (mm)

50 H: How did you feel about that (um), that comment, the way he sort of
51 presented the...

52 Um at the time, at the time, I didn't really focus much on the comment
53 (mm), at the time it just, the, everything became real that (yeah), my
54 deepest kind of fears and worries (cos it, right the way through pregnancy, I
55 know it's a risky business anyway, and stuff but you know (yeah) I've never
56 known anybody in my immediate family and things, ever to really, nothings
57 ever happened (mm), so no, no, there's been no problems and stuff, so I, just,

No reason / no family history

Impersonal way of
delivering this news
people don't know how
to talk about it.

flip out

deepest
unwise /
deep unconscious?

this happens a lot -
the nurses don't feel
they can say any
in this or rule.
people don't know how
to talk about it.
hurt in him dismissing
the meaning of what he
was saying.

could process this at
the time.
The deepest fears
became a reality.

58 it's one of those, it happens to them (mm) it happens to them just push him
59 down (the cat is on the sofa)

60 H: it's ok I don't mind (laughs)

61 And then um, so at the time it was just, I felt my blood pressure just went um
62 and luckily enough there was a chair right next to me and I just sat down, and
63 it was just, I, it, it was, re, surreal it was as though I'd just become a fly on the
64 wall (yeah), almost an outer body experience this, this (yeah), this has not
happened, this is not happening

Feels dissociated /
unreal as his
deeper fears become real
- so traumatic

His world had
collapsed. Everything

- Being a carer
+ protecting/looking
after his wife
helped him cope.

66 H: So it was sort of real and unreal
67 Yeah, it, yeah, um, you know, and it was just like that (clicks) from being really
68 quite optimistic, you know du du du, to just everything falling apart (yeah) just
69 absolutely everything (mm), um, and I (sighs) I dunno, part of me even
70 immediately started to switch into gear thinking you know going to have man
71 mode you know (mm) I have to sort of protect and stuff, and because my, my
72 wife has had um depression in the past (mm), er not, not for 10 years or so, it
73 was ~~amplified~~ when she came out of University (mm), and um, so
74 immediately I was trying to focus on her, um ← focus on looking after his partner /
protecting

75 H: So you felt that you wanted to try and protect her

76 Yeah, because I knew, I knew, that, you know, I, it's fairly obvious it's going to
77 tear everything apart, but I just knew that I, I, cos straight away she'd be going
78 you know I'm sorry I, I didn't mean for this to happen and things and I, and
79 then when she actually started doing that verbally (mm) which was within a few
80 moments (mm) I was just no, no, you haven't done anything, you haven't done
81 anything (mm), um you know we don't know what's happened yet (mm) and
82 stuff so... from (sighs) within about 10 minutes of that um, there's the one of
83 the midwives who was, one of the bereavement/trained ones was, was,

part of
him question
who is to blame

did a part

it happened to him - was 'mean',
imagined it could
happen to others but not
him.

PHYSICAL REACTION to trauma
- felt he would faint.
unbearable he tries
himself out of the reality
of situation.

Instinctual/traditional
masculine role.
The part of him that
could function was he
protected/having a
miscellaneous role

Relationship with his wife -
instinctively was the
would blame herself /
guilt.

DISOATED -
can remember what
happened

84 brought in, um and she brought us some drinks and, and things, and just sort of
85 tried to explain to us what, um, what the procedures will be now and, and stuff,
86 and to be honest I don't remember any of it, I don't remember a, a bit of it, I
87 just remember various people coming in and going out, coming in, going out
88 and talking but I don't remember hardly any of it, they were just talking medical
89 mumbo jumbo (mm), um, as far as we were concerned, we, we just, we just,
90 cos Samantha knew it was a girl, I didn't know it was a girl at this point, um, but,
91 the, you know we just said look you know, all's we want to know is when she'll
92 be coming out kind of thing (mm) so towards the end of the, the morning we,
93 we, they said that we, we'll give you a pill that will help bring on the, the,
94 the labor so to speak

95 H: Was that important to you, you know can you tell me a bit more about how
96 that was important to you, did you feel um, you know, did you have feelings
97 about the baby, you know the baby being inside your wife

98 Yeah, it was, um mixed emotions really, it was mixed because you know my
99 dead child was there and I, even though she was dead I still wanted to meet her
100 (yeah) um you know cos I had felt her kicking and you know (yep) seeing these
101 little things appearing in my wife's stomach and stuff so you know, I still, you
102 know, I still wanted to meet her but then also again for my wife I was thinking
103 you know, you, I'm going through this mentally, you're going through this
104 mentally and physically (mm), um, you know I think for her own sanity as well,
105 and, and afterwards I realized that you know she was also just as you know,
106 desperate herself to meet her (mm), um so, but it was also the logistics of you
107 know, you've got to give birth to a, to a (mm), dead child (mm, mm) which
108 you know, is beyond anyone's nightmares and, um it was, yeah it was really,
109 the (the excitement) was totally gone (mm), but the, the longing to meet this
110 person (mm), you know, I wanted to see what she looked like (mm), I wanted to
111 see what colour hair she and things like that (yeah), all the normal instincts

He had a relationship
with her - he had
already met her in
other ways + wanted
to see his daughter
face to face - like a father
would/does between
a woman/physically

mean you or
wife -
we feel part
of her
experience
of her

live lives
(118-124)
can not even imagine/
dream

family love / feelings not
gone.

The relationship as
father to daughter
still exists - his
love / family feelings
the physical do not die.
process - he is virtually
removed from this

wanted to meet this baby

BLUE
They just wanted to
meet her

What is
lost +
what
remains
126-133

Amazing/
w/str
In one of
having a baby

Excitement
(109)
like a
like a
like a

Amazing/
miracle of life/
Excitement to meet
her.

Everything he imagined
was wiped/erased.
It was his hopes/
wishes. Difficult to
determine what is
real/never had -
the story ends in
one way but he still
longs to meet her.

hope, loss
void

Can not be
fully portrayed.
Only understood if
experienced?

Witnessing his child alive

AME - amazed.

already bonded, already felt
like a father

not sure why he didn't know the
gender and his wife always
goes to the relationship we go
remains.

The original story
ends but feelings
his relationship with
child is a father
to integrate
who family.
Tell child/sister
convinces.

112 (yeah), um but there was that still big huge gaping hole of loss (mm) um, that
113 was, yeah it was indescribable, really, really (indescribable) — can not be explained.
114 H: Because you were saying that you know, you wanted to meet her, and you'd
115 had these moments when you felt her, you know you felt her kick, or (yeah
116 laughs) you know were they, was that sort of important part of building a
117 relationship with her, even though she hadn't been born you had a...
118 Yeah, yeah, because I'm, I'm, I'm a big stupid kid at heart to be honest, and you
119 know, it's, things like seeing someone poking up from someone's belly just
120 (yeah) makes me chuckle, (mm), and I'd do anything to try and provoke it just to
121 sort of you know (mm), give Mum a bit of a restless night's sleep (slightly
122 laughing / chuckling as he says this) (mm) and just seeing her hand coming
123 across or some feet stretching out (mm) just (mm) in total (mm) of it just think
124 (mm) I just think you know the human body's absolutely amazing (mm) and you
125 know, knowing that, you know that's my (my child) there kind of thing (yeah)
126 and it was, just couldn't wait to meet it (yeah, yeah) I say it just cos I didn't
127 know what it is at the time (yeah) but, um, and it was, yeah, just, just a lot of
128 that was still there even after when you get that news, you get that news really
129 (mm) it's still there, the longing it still there (yeah), um, but obviously, the, the
130 sort of (most of) the, the story ends there, because then you, it all your
131 hopes and wishes for the future, have just been, been wiped away really
132 because you know all your preparations, both mentally and physically everything
133 about what you were hoping for has just, has just gone really, (mm) I think one of
134 the, one of the key things, on the day was that we both almost at the same time
135 asked the bereavement midwife was, you know, how do we break this news to
136 our daughter, how, how do we do that? Cos she thinks we've come to the
137 hospital to have a baby (mm) and now, how do we do that? Um, but then, we
138 were given, um, a number for the East Anglian Children's Hospice (mm) so not
139 long after we got home on the Friday um, they came around and they just sort
140 of said to, you just got to say, it how it is really, you know don't lie, um and if

[most of] story ends but not all
something remains, his feelings as a father

face he
reality of what

had happened.
do not hide the truth

for of hurting daughter
but also requires her
to acknowledge her
turn of what
happened.

how he needed
to support his other
child.

counselling for his
daughter.

Physical exhaustion
through exhaustion.

Difficulty in watching over in pain.

protecting chaos -

169 didn't stop them
170 wanting to have another
171 child.

172 is have something in
173 psyche that helps them
174 go on knowing they
175 could have an other
176 child.

177 This was his felt
178 experience but trying to
179 hold on to something
180 normal

CRAP.

181 holding on that
182 to something
183 could be positive

169 as she left the room, we tried even though ~~she~~ was dosed up on one or
170 two things we did try our best to make it as easy for them as possible (nm), um,
171 you know we just tried to, just tried to make it a, an experience that you know,
172 it is horrific experience but we (nm) we didn't want it to be, you know we,
173 we knew even at that point that we would try again at some later date to have
174 another child but we didn't want this to be, to ~~scar~~ all so we tried to make it
175 as, as normal as possible and, and stuff you know er

176 H: in what way?

experience is
for from normal

177 Just by trying to talk about normal things and you know I was just trying to talk
178 to the midwife about normal things and (yeah) you know, how, do you, do you
179 enjoy your job? What did you do before this? Cos you know (yeah) I know she
180 was probably late twenties, I thought she'd probably done something
181 beforehand so, um, so just, just trying to just chat, and just not be, you know, I,

182 my heart was absolutely breaking but I thought, you know, it's really hard, cos
183 the, the lady, the young lady she was with us for the largest portion of the day
184 and I just thought it's really, it's hard for her as it is, I've got to try and help
185 make it as easy for her and - protecting chaos

186 H: So you felt in a way you wanted to protect the midwives from the emotion of
187 it

188 Er, yeah, cos I just thought, it, it's a hard enough job for them anyway, but also
189 for ~~us~~ um, you know ~~we~~ we just wanted it to, it, it's a, it's a, it's a crappy
190 experience (yeah), you know, even when you're trying to make it better, it was
191 still really crap but ~~just~~ wanted us to try and, try and take, cos, take some
192 positives from it, because in a way when Francesca was born, her labor was a
193 nightmare, she refused to come out for a day and a half, and, we, we you know,
194 we wanted it to be, you know, as, Samantha ended up giving a fully natural birth
195 and without any intervention and, and stuff, and we were trying to take that as

- something about running
this process so they would
be able to go through it again.

his way of coping with his
trauma was protecting
chaos
MASCULINITY - trying to be
the 'strong one' - holding
it all together?

he wanted to find to hold
something positive to hold
on to in all of him.

he was trying to make
it better.

June 215 -
IMPORTANCE OF
THE BODY - part
of him. He is in her
+ she is in him - fight
+ struggle blood.

He was able to and trying to move the focus elsewhere rather than it just being about his dead baby.

0

- This is how he feels
even though it is not from
love for her/relationship
her was not died.

- prolonging saying goodbye + letting go

although does stay
 this? because difficult
 to day he wants to
 out on to a dead baby. 8

Still her
father, this
in daughter
can not,
letting go.

225 went you know, do you are you ready to say goodbye now (yeah), and um
 226 there was no pressure from the hospital at all, it was as long as you want you
 227 know (yeah), you've got this room till you're ready (yeah), and, and then we did
 228 it was about quarter to ten at night - remembers exact time of saying goodbye

229 H: So in the six hours did you have conversations with your daughter in your
 230 mind or in (yeah) out loud?

231 Yeah, we sort of um, we kind of just you know, we, we, we talked in a way of
 232 you know, sorry you can't see this kind of thing, in the, in that period of time as
 233 well we did ring, cos we rang the mother in laws, (mm) and er our daughter was
 234 there, and, again from advice from the Hospice, they said you know, cos we said
 235 do, do we even ask our daughter if she wants to come and see her or what
 236 should (yeah), give her the choice, you've got to give her the choice, she's old
 237 enough to make, make a choice now, so we did, and I, I spoke to her and said
 238 ~~how would~~ would you like to come to the hospital and, and meet your sister and
 239 then she just went, she went 'yes' like that, I said are, are you sure? Cos you
 240 know she's not alive and things, and she went 'I'd like to, I'd like to, (mm) which
 241 I'm really proud of her for (mm) um, and then, yeah we sort of just dressed her
 242 in the clothes that she was supposed to come home in, (mm), um, and yeah we,
 243 we sort of, we had some photographs taken um, by ourselves as well, we, we,
 244 cos I took my phone, I just didn't think to take a camera anyway, but lucky
 245 enough I had my phone on me, and I still had quite a bit of battery on it so I took
 246 some photographs (mm), um, looked I think what I would have liked in the, in
 247 the hospital for something like this, was nobody suggests things like would you
 248 like to photographs or anything (mm) you're kind of just left to it (mm) um, so
 249 part of we're doing some fundraising next year um, I'm gonna, I'm raising
 250 money for the hospital to have a car that can get used for that kind of thing
 251 but um, we did (what did) we did have (what did, mm, sorry) it's alright, we did
 252 have um photographs taken, we did speak to her, we dressed her um, and after
 253 she, when the time was allowed a lady came down from the Mauchery and she

he interrupts me as
 + I interrupt him as
 he is talking about
 his relationship with
 his child that went to
 his wanted photos, he
 as if she was alive
 - she did exist
 the pain of saying goodbye.
 - remembers, internally soft time
 - fell a pressure on
 - how do holding
 meeting the body but meaningful
 to see her flesh + body
 Ref. line 215 importance of the
 body
 sort of / like not really?
 she was meant to come
 home.
 Photos/memorials/symbolic.
 the importance of being able
 to take pictures/photographs
 and have a memento
 picture/memento from a loved
 object of her body/her
 face/her physicality.

parts of her
physical self - her
hairs
also happens when
she he body. To
they are alive. Five.
remember their time
difficulty of going
home to experience -
to nothing/sad/loss

part of her life
after she was
life after she was
them - the of it was
main part became a
context?
lived. A summary of
some sort.

importance of support
[MADNESS] WITH
RAGE/ANXIETY - a
feeling it was not
MEANT to happen!
didn't deserve to
happen.

254 said that um she'd they would produce a memory book for us which (mm) will
255 have the nice little ready for her. She'll be in the clothes that you've
256 requested there. um (we'll take some hair) and some more pictures and things.
257 like that for you, just for (keeps sake) (mm) really
258 H: Was that important, that memory box? True home.

259 Very much so, um, because you know obviously when you leave, we didn't, we
260 didn't want it to be, that's it (she's all gone) (yeah) completely, um so, what's
261 what happened was probably, was about a week later, yeah, we got a phone call
262 from the um from the undertakers and they said that they were, were given, a,
263 a box for us, we went and collected it, and it was a lovely little box you know
264 quite simple but it was, it was lovely. It just had just enough for what you want
265 really as a (mm) (keeps sake) (mm) and now we've put in that box the cards we got
266 from people at the time (mm), um we've also put her first birthday cards in
267 there, we've put like the order of service and stuff from the funeral (mm), and
268 all that in there, and just every now and again (we'll reflect on it) really (mm) (mm)
269 um, you know it just probably every couple of weeks or so I'll feel a bit peeved
270 off and I'll go and just open it up and just have a look really, it sort of, it doesn't
271 make me angry anymore, it kind of, I don't know it just makes me, don't
272 know really what does it make me feel? I don't know just thinking of her, and
273 then reading things that people have written you know about sort of um
274 thinking of us and stuff like that, kind of just, just makes me feel a little bit
275 better you know just knowing there was a lot of nice people out there who'd
276 done a lot for us at the time (mm) um and you know still do, continue to do so,
277 um, but then you know sometimes it has made me sad (mm) when I think,
278 shouldn't have to have been doing that, it just drives you know drives me a bit
279 insane, but overall looking at the memory box has quite a positive impact on
280 me, and you know I think feeling (mm) s asked to see it once or twice now,
281 which is, is quite nice, at first, we, I didn't look at it for quite some time after
282 initially looking at it, um, but then I thought well it's not really, it's not a somber

avoiding the loss
difficult to face me but
initially but as he has been able
to accept it more/perhaps moved
to go to it as a way of moving
on some sort of relationship with her

is this like a transitional object - or more than
that - something to keep at home that
symbolises her reality and is part of her

THE MEMORY BOX: It is
a box filled with her life -
parts of her - her hair/pictures
her body and also he put of
her on - the body she in
had, he people that loved
her.
It is something to keep
is symbolic of her life.

not her but meaningful
still had enough?
KEEP SAKE/repeated.
line 257+265.

A place to go to and feel
closer to her. True about
it is difficult for him to
know because there are
so many confusions of
emotions - anger +
perhaps even to comfort.
understand in himself +
articulate that the support
comforts him rather than
the feeling he goes to
feel more connected
to his daughter
holding on/
letting go CONFU

After initial difficulty to give her love - can go to it now + remember her. And have a relationship with her inside - looking at a symbolic memory box helps him appreciate her existence. A brief moment.

uncomplicated / not difficult would be

283 experience looking at it, you take, everybody will take different things from
 284 doing that, so um I just wanted to, just go and look, again look, appreciate the
 285 support we were given (fmm) and just think you know, we did produce a
 286 beautiful little girl (fmm) who unfortunately isn't here (fmm) but she's still
 287 in there (points at his body) so (fmm) so yeah I just er (sighs) you know I do really
 288 appreciate that, the memory box side of things, I think it's so simple but it's just
 289 it's, I don't know what we would have done without it really (yeah) cos it's
 290 been a nice moment (fmm) really of what was and still is a sort of
 291 period of time (fmm) um so... association um would have been more painful to
 292 Hi. And the pictures in a similar way were important to you the moment go home with NOTHING - empty.

He was / Father's is him something he learned from counselling? seems difficult for him to feel certain about his way being 'ordinary' / unique. What do others do.

SHE DID EXIST.

Simple compared to his life his daughter may have life his daughter may have HORROR / NIGHTMARE / UNREAR

IN STOCK - can not meditate.

Trying to remain intact - carry on with 'normal' / ordinary life

Stock State of being aware / unconscious of what's around.

KEEP GOING

difficult between -
him + his wife

physically

the experience
having supported by
hers

Another loss / void
emphases after
support gone

feelings of responsibility
towards his wife -

(sense of pushing his
decision to go back to
work - did he feel guilty
told me at end about
his guilt towards wife

he feels
responsibility for
his wife's welfare
but he wanted to
go back to work

312 was still focused on you know we, we do have another daughter (um) we need
313 to still get up, get at least her washed, dressed, fed and things like that, um, and
314 then her you know on the other side of things ~~was~~ was having to recover
315 still from the physical side of things um and then, the, the hardest part I think
316 was after the first couple of weeks was a lot of people who are kinda your, not
317 your real close friends, like we, we probably we only have two, maybe two close
318 friends kind of thing, but a lot of people on the periphery really kind of stepped
319 up to mark, and were really you know sort of, really like ultra-efficient, helping
320 you sort things out, being there for you, and then sort of within about two or
321 three weeks that just, just went (mm), it just went, and that made us go on a
322 pretty big downer as well, cos we were like where are all these people who
323 were here, and I know they have to go back to their, their lives and stuff, but
324 um, I think the worst for ~~was~~ was cos I, I went, I went back to work after
325 3 weeks (mm), it was two and a half or three weeks cos I, I just couldn't stand
326 being at home, just being at home doing (nothing) (mm), I, I had to occupy my
327 day, cos I was, I just felt that, I'm, I'm more of a person who has to be up and
328 doing, doing bits and pieces, whatever they are, keeping myself occupied, and
329 sitting at home I knew in itself (was driving me crazy) cos I can't do it at the best
330 of times, I can't just sit there like watching TV or anything like that (mm) unless
331 it was in the evening after I'd been doing stuff all day and it was driving me
332 (insane) really was, and there, there's only so many walks and stuff you can go
333 on, we were trying to do, cos the dog need, needs walking and things, so we
334 were trying to get out and about, but then when I went back to work and
335 Francesca went back to school, and ~~was~~ was taking um ~~Francesca~~ to
336 school and picking her up, um and she was finding that very hard, and then I
337 was getting quite stressed cos I knew she was finding it hard but I knew there
338 was ~~very little~~ could do about it, you know because I (definitely) gone back to
339 work um, and I don't think some of our friends were helping either because a lot
340 of them are parents at our daughters school, and they were kind of alienating
341 her and me when I went there really, they were kind of looking at us as if we

had two parents

importance of being the
father/mom in house

important for him to carry
on + be supportive of his daughters

something about the people
that are really there for him

importance of (support)

couldn't stand the (nothing)
helped to be busy / to have
purpose

carry / in care - literally felt
he would go mad?
doing nothing was driving
him to insanity.

he had decided to go
back to work for his own
society.

feeling others were segregating
themselves / lack of understanding from
others.

Is this also partly a projection of how they felt - that there was something wrong with them because they lost their baby.

342 were, had two heads and, and stuff, um to the point somebody confronted my
 343 wife about it saying, 'why are you being hostile?' She was like, hostile?
 344 H: Somebody said that to your wife 'was some of this about their anger?'

345 Yeah hostile? She said yeah 'you're giving us funny looks and stuff' and she was
 346 like listen, I can barely get out of the bed in morning, and yeah you know I'm
 347 taking my daughter to school and I just want to get home again, 'Well you know
 348 we are here to help you, you know', so she just said 'well try actually coming
 349 across and asking, how, how are you, and um you know, would like to come and
 350 have a coffee or anything, just had none of that, to the point now where, where
 351 we've both like (ruptured) with our friends, you know, we've just said sorry but

352 actually being involved with you is becoming stressful (low (mm) um so in a
 353 nutshell we've, we've sort of just distanced ourselves from a number of people
 354 (hmm), um a number of people are, we still sort of like 'hello, you know, you
 355 alright' kind of thing, but some people now it just got the point where it was
 356 actually stressful knowing them, because um, we felt they were just too self-
 357 centred really, kind of thing, so um that was, that really hard, that was quite
 358 stressful cos that was happening um (sighs) late November (mm) that was, a lot
 359 of that, and then when we moved down here in the March, it, you know a lot of
 360 people we know that were around here, we, we decided to give one or two
 361 people kind of another chance, so we a oh, you know come round, just moved
 362 house come round and stuff, and um then the one who, who approached my
 363 wife saying that she was being hostile, they came round sort of you know we
 364 had, we had a good couple hours, and they said why don't in a couple weeks
 365 come to ours, we got rid of the kids come and get a Chinese in we'll go there,
 366 when we went round there topic, this discussion came up about the hostile, and
 367 they, they just didn't see any wrong in doing that, and we were like well you
 368 know can you not just see that somebody is really just clinging on, clinging on to
 369 their sanity but you think that's hostile behavior, do you not see any wrong in
 370 that, and they like well 'no' they, that's the way they felt they were being

another form of separation/loss in aftermath - their lives fundamentally changed.

[Stressful] in aftermath.

clinging on to sanity - desperate - mental illness - inability to cope

[withdrawn] - from people they have not experienced this loss

here is a need to have their need experience recognised/understood

|| chest not understanding / expanding with their experience.

371 Could not remain in
372 relationships with people that
373 ignored/dismissed their loss
374 grief
375 despair:

371 treated, and then, then after that we just said no we're not coping with that any
372 more, and then we, we sort of there were a couple of friends that we just
373 distanced ourselves from, because it was just quite stressful
374 Hi: So there was a feeling that some people just could not understand (just) what
375 you were going through

if was stressful having their
experience ignored by others/
not understood.

can not get he same
understanding from
others unless been
through it themselves
can only really understand
if experienced it.
troubled to
acknowledge what he
does need to express
his feelings

376 Yeah, just, just couldn't, I don't know what it is, just couldn't understand it, yeah
377 I think that's what it is, just don't understand, and we've both actually now,
378 (probably got more than we could ever get from our, our friends really) from our
379 the two Facebook groups (mm) of ~~people who have been through it~~ and ~~people who have been through it~~ to be
380 honest (yeah), you know people who have been through it (mm), um, come up
381 with real practical advice about things or even if you just go and just let it rip
382 about anything, you know, the, the people who will be (truthful) and say yeah
383 you need to let it out, your system but it doesn't mean you're right, you need to
384 get it out your system and then address it afterwards, you know cos it's,
385 sometimes you do need to vent whether it's right or wrong you need to do it
386 but then there may be consequences that you have to sort out afterwards

their relationships/friendships have
changed - because closer to an
online forum this experience/loss
processing

can vent anger/allowed to
express the anger that he really
feels. Not confined for
himself

The men meet because of women
- easier for men to express over
what world?

'Blokes' are
not as sociable -
do not find it as easy
to come together face to
face.
masculine roles

387 Hi: Do you meet up with the ~~men~~ as well
388 Yeah (mm), we don't, not specifically, what tends to happen is the women are
389 more sociable creatures than the (blokes) slightly laugh, so there there'll have
390 a, they'll organize something and then sort of a lot of the (blokes) will go as well,
391 so we had a meet up in London, um, in February and then Birmingham in June,
392 um but we actually met up with several of them when we went for our wedding
393 anniversary in December last year, we went to Edinburgh so a few of people
394 from Edinburgh and Glasgow sort of came and met us and it's nice, and you
395 know the (funny) thing is we don't talk about the you know the death of your
396 child (mm) for anything like that, you just know, you just know that there's a
397 common there is a common bond between you (yeah) you've all helped each

peculiar/normal way of
developing a relationship / connection - it is through this loss.
bond is the pair of losing a child

for other
of experience
nearly

Wish I had told
other kids about
Angel Jaxx in my
teen - particularly
next in terms of
The importance of being
able to TRULY
helps to know what
others feel + how can
Name the issue/feeling

importance of giving
something back/helping
others who have/hust go
through this
therapeutically relate
meanings to make a
positive difference for
future.
private
from

Something bonds them but also at a
distance over technology/virtual means

was anonymous initially communicating
did that make it easier to
open up?

398 other out in a virtual world, and it's nice to sort of put a face to a name, and you
399 can talk about just absolutely anything and everything, so just doesn't, it doesn't
400 matter, you go there you have a good time, you know you have a good laugh,
401 you have a, you talk about you children and the different levels of
402 treatment that you were given by hospitals and stuff because that, that's a big
403 issue is you know the different treatment you'll get, and then you know you'll
404 come away kind of, (sigh) I don't, you do feel better, you, you've talked about
405 things, you feel good that you know you've spoken to people who you've
406 donated money to, during you know they've had a, um, some sort of campaign
407 going to get equipment for a hospital and stuff like that and you know, you
408 know that you've paid your money over and they tell you about where they're
409 up to it with it, and you know that you sort of, this little group of people have
410 got together and actually you know they, they're helping a lot of other people as
411 well (mm) and it's, it's good, and it's quite therapeutic and it's, it's an
412 excuse to get away for a night somewhere as well (mm, mm), so I think you
413 know throughout everything you know it has changed us for a degree um and
414 you know normally we're, we're quite sort of introverted and we just like being
415 in our own little unit but we do a lot more than we ever have done for, for other
416 people, and, and we, you know we really like it, I, I, I sort of do a lot of the on
417 the sort of the social network (mm) and Facebook and stuff, I, I'll go on
418 there, and even just, I'll just have my laptop on and if somebody comes on just
419 make sure they're welcome um just chat to them privately for a while just so
420 they, you know just to let them know that whatever they say is ok
421 H (interrupts): That's on the social network as well or what it's needed.
422 No, no, that's the Facebook one, social network
423 H: On the Facebook
424 Mainly, yeah,

he knows this
is what they need
to hear because he
needed this?

he experience of meeting others +
comparing experiences help validate
their experience.
-they are a campaign in
themselves - sharing towards
making the experience slightly more
bearable for others.

They lives have fundamentally
changed ATTACHED
we see this as being more
connected / less introverted -
being involved with the
process.

The importance for him
in being someone others
others can turn to, does this reflect
his need to be able to turn to
others + have his experience
Recognised

Counter-transference
 I would stay his
 don't want to offend him
 about this - I feel wrong
 about father's feelings
 my own relationship
 is an after-saying

The feeling with
 needs is uncertainty
 about whether can
 talk about it with
 the daddy/angel
 they know how
 expensive will be
 understood/received +
 with damage over
 in anyway an already
 been through it.
 can interchange
 football -> daughter
 just like internal
 struggle... the is
 not forgotten.
 The 'rules' of being a
 'bloke' change - don't have
 to talk about football/beer only

Blakes

What does it mean to be a BLOKE -
 masculine identity/role/norms.

He understands that blokes
 do not open up easily - is this a
 gender stereotypical norm/role? most
 he understands/identifies with
 - he knows from personally that
 expensive - in counselling that
 helps to open up about how it
 really feels.

425 Hi: so they, so the Dads sort of come on and chat on line as it were
 426 Yeah, the, the blokes aren't the best for opening up, um, so get them on
 427 and get them opening up, we, I just know that the sooner they do the better it is -
 428 for them, um, you get one or two who've been on there who you know have
 429 been on there for two months and they've hardly said anything at all but you
 430 know one day they will do (yeah) um and I'll just keep every now and again
 431 private messaging them and just say you know I hope everything's alright we're
 432 still here, and eventually they do just open up and, and then as soon as you do
 433 that loads of other people there just helping them giving them practical advice,
 434 if somebody lives close to somebody it's a case of you know oh do you fancy
 435 meeting up we'll go and have a beer, let's go and have a chat (yeah) and stuff
 436 and it does, does, help, it really does, um, and one of the best things for was
 437 when we went to London earlier on the year and met people who, you know
 438 have been, have been through it (yeah), have been through it, you haven't got
 439 to sort of, you know you can say what you want, um, whereas even with sort of
 440 friends and stuff sometimes you kind of thing, well do go down that avenue
 441 with the conversation or what

442 Hi: Are there things then that you feel you say to those people that have been
 443 through the same, that you, that you wouldn't say to someone else in a way

444 Well just just talking about it, full stop (yeah), is, is, is much easier (yeah) is
 445 much easier you know, they, they, whether you're talking to one of the women
 446 or the blokes it's kind of just, you know it's accepted that if you're talking about
 447 football one second and then suddenly turn on to your, your daughter, then
 448 that's fine, you know that's absolutely fine, no worries at all (yeah) and it, it, it,
 449 again it's interesting to find out what people have been through, although to be
 450 honest it's had a, in one respect it's had a negative impact because you realise
 451 how, you know all the things that you didn't know how blokes actually you
 452 know (laughs) can die and stuff, and you find (Chris) didn't know that, I didn't

It is possible the reality that it is what he has learned through
 it has seen a single narrative to have another child.
 t heard two

* so importance of
 boy being
 accepted
 'blokes' - certain assumptions
 about blokes - find up
 how ones will feel.
 been through this life
 carrying experience/trauma

The 'rules' of being a bloke
 change.

Christ - why does his happen - like no-one knew we were not prepared / not expected to happen in life.

Paradoxically a life with a God?

Christ - why does his happen - like no-one knew we were not prepared / not expected to happen in life.

Paradoxically a life with a God?

Christ - why does his happen - like no-one knew we were not prepared / not expected to happen in life.

Paradoxically a life with a God?

Christ - why does his happen - like no-one knew we were not prepared / not expected to happen in life.

Paradoxically a life with a God?

Christ - why does his happen - like no-one knew we were not prepared / not expected to happen in life.

Paradoxically a life with a God?

Christ - why does his happen - like no-one knew we were not prepared / not expected to happen in life.

Paradoxically a life with a God?

Christ - why does his happen - like no-one knew we were not prepared / not expected to happen in life.

Paradoxically a life with a God?

Christ - why does his happen - like no-one knew we were not prepared / not expected to happen in life.

Paradoxically a life with a God?

Christ - why does his happen - like no-one knew we were not prepared / not expected to happen in life.

Paradoxically a life with a God?

Christ - why does his happen - like no-one knew we were not prepared / not expected to happen in life.

Paradoxically a life with a God?

know that, and what you used to think was just a little natural thing to happen
you know everyone seems to do it no problem at all, is actually it's a miracle
ever happens (yeah) kind of thing (mm), um but I yeah, I sort of, I've taken
of a lot from it, (hell) of a lot from that (yeah), I think that, that, being able to
talk freely about it (yeah) and the combination with the, the counselling where
sometimes where, um, I've needed help with kind of how to deal with say a
situation or you know I'm, what, what I'm actually feeling is a natural kind of
thing, (coughs) those two for me have been, have been absolutely priceless

H: So which feelings did you feel, you know you said there was a stage when you
felt angry, you know

Right yeah (mm), yeah really (angry) and I just nothing I could do could take that
away and I wasn't, I wasn't (angry) at anyone or anything in particular
because I knew that you know it wasn't a case of um you know it wasn't a
genetic thing that Isabelle had died, you know she choked on a chord, um so it
was no-nobody's fault, and I think that, I think overall that's why (w/angry)
because I didn't have an answer, kind of you know, you know, how, how, how
can that happen kind of thing, um you know if there is a God up there what,
why, why does he allow that kind of stuff, I think it was more those but I wasn't
at anyone who's walking the earth, you know I wasn't angry at (hell) I just felt
(angry) I just felt really unhappy and um, (coughs) and I just, I needed, I needed
to know that, through the, through the counselling you know it's that normal
have (have) I changed, you know am I now going to be this nasty angry person
all the time (mm) and she just no, she said you know basically you, your body's
emotionally has just gone into just one (big lockdown) (mm) and kind of, you
know that that's kind of a ball of air, which you know (mm) sometimes people
may just not get angry they may just go really quiet, they may do this, they may
do that, but you know you've gone angry (mm), um and she said but you know
she said you know we need to work on that, and just get stretched out so it's
not as (compressed) (mm) and you know find an outlet and, and things, but her

will anything again - his
be he some long sense of
sense of identity in guy

validated the
changes he was
experiencing.

embodied language
he remembers exactly
what his counsellor
told him - but reassure
that it was ok to

has had to realise how
previous creating a new
life is.
actually more within. Talking
freely in
young people
experienced

THE PROCESS THAT
HELPED IN SUPPORT GROUPS
COUNSELLING

also difficult for him to
be angry at anyone / anyone
he couldn't blame anyone / he
didn't have a reason that
unbelievable

couldn't be angry at anyone
felt angry but could blame
anger up God - not anyone

EXISTENTIAL
QUESTIONS

why?
distributed him to
be an angry person -
needed reassurance
from his counsellor,
this was 'normal'
felt changed from
his 'normal'

some hat some of
his anger was at himself
not understanding.

Someone who has
been through same
experience meant he
could approach
him in a more
personal / direct
way?

he feels so far away from his normal
-to have someone to reassure him that
his feelings are 'normal' is meaningful

I gave him permission / and
to express how he
experiencing his grief.

John people don't want him
to respond... I also felt
he process with father.

more than anger?

Importance of someone
showing concern/support
even if not helpful

show concern

482 just saying that, you know that's normal, just somebody, a professional telling
483 you that what you're feeling is normal (yeah) um, and the important thing is to
484 sort of talk about your feelings a lot more um because so that those around you
485 know where you're at, and they, they may be able to help you they may not, so
486 they might give you a bit of space you know just things like that, it was good to
487 know that it really was, because you know your, your work colleagues, I know
488 my work was really good when I went back, but if I went back just saying oh I
489 feel really angry kind of thing, they'd be just like uh, uh, uh, you know, they,
490 they just wouldn't know what to do but, and I wouldn't expect them to, but the
491 going, going, to counsel on a Friday night, after work, after a week had gone by
492 where I've gone oh yeah I felt this today, somebody's come and said oh you
493 know um God's chosen her or something that sent me up in rage and stuff and
494 it, it was actually
495 H (interrupts): Someone said that to you?
496 Yeah some woman at work, she said, she just pulled, she saw me in the
497 sch, in the work car park and she pulled in her car wound her window down and
498 said Oh Cameron I'm really sorry about what's happened but God's chosen her
499 she's gone to a better place, I went get out of my face now! (mm) Right, just go,
500 just go, and she said I didn't... I said just Go! And that set me off for about three
501 days of (mm) (rage) that did I was just really shh
502 And it, my, my line manager he's, he's probably what 50-55, er he lost a child,
503 got two children 20 odd years ago, and he regularly would pop into my office,
504 close the door and just say right how are you today, you know du der, der, you
505 know when I was going through it, and he'd reflect himself a little bit about it,
506 which some of it was, was useful and stuff, but some of it, cos I think more of his
507 nature um, I didn't really think was you know I could take anything from it, but it
508 was, I felt it was nice for him to...

(regarding)

EXISTENTIAL
QUESTIONS -
relationship with
'God'.

509 Door Bangs
510 Excuse me
511 H: It's ok
512 Won't be a second (nuthin) Talks to builder at the door

513 H: When um that ~~men~~ women said to you, and you felt very angry, can you,
514 can you sort of explain what it was that you felt angry about

Comparison to
his wife/difference

CRUC.

he is also hit
with his own wall
of 'God/religion' -
perhaps reflective of
an inner conflict in
him - how can a
God exist after
this -

EXISTENTIAL CRISIS

At a time when
he was dividing up
the meaning of life / the work
meaning of life

confusion over his beliefs
- other people are certain but so
difficult for him to believe in a God that would

515 I think a lot of it is because, I'm not, I'm not a very religious person at all (my
516 wife is), well she was, and um, and I just, my belief is that if there is a God,
517 you know, of all the people he shouldn't be taking should be children, you know
518 um, they, they to me should (sighs) they deserve a life, and one of the cruellest
519 things anybody could do is take a child from their parents (mm), at any stage
520 um, but, I think a lot, part of it's built up from the, the wife's mother she's
521 staunch Roman Catholic, she's ~~and~~ and the wife's aunt is an ex-Nun, the
522 mother in law's not too bad, but the Aunt is, if you say anything about um you
523 know religion and stuff, you're just hit with this wall of God is this, God is great
524 and stuff (mm) and I think when, when that um when that women pulled into
525 the car park and said that in that point in time there, in my, in my beliefs, there
526 was no God, and if God (if there was a God I wanted to meet him because I
527 really wanted to punch him in the face (mm) um because what he'd done was
528 despicable (mm) um and the last thing I wanted was someone preaching that to
529 me (mm, mm) I just didn't, I did not want that (mm), I did not want it, I mean
530 she, in terms of belittling I couldn't have been any worse (mm), but and that's
531 what annoys me a little bit is they, that's their answer for everything, God's
532 done that because, oh God's done that, no, no, no, God's not chosen, God
533 doesn't do that (mm) if there is a God (mm) so.

a feeling she was THREATENED
from him.
The loss of her life -
her opportunity to have
a life rather than his
opportunity
in that grief she's here
Confused here - no God or
a God he can be angry at
so angry he banish
Nbr a (REASON) for him
Nbr an explanation.
Nbr a good enough
reason

Mike/Ange
 When someone
 did not understand
 his experience

Counseling taught him
 to learn to communicate
 his experience better...

ANGE had his
 experience was not
 recognized/understood.

what he really
 needed was someone to
 recognize his loss +
 comfort - holding -
 perhaps he got him
 from consistency.

a need to be
 wind/rain.

534 But yeah that, that set me off for (mm) for several days (mm) that did (mm) cos I
 535 just thought how can somebody like that, alls I'd probably, you know I would
 536 have been happy if she pulled up in the car got out, and just sort of you know
 537 held me hand for something and said I'm sorry (mm) and just went off on her
 538 way, I don't want somebody, telling me God's took her, no, no, not at all (mm)
 539 um I wasn't happy about that, but I let people know what she'd said and how it
 540 made me feel so that nobody else would make that mistake as well, um, to be
 541 fair nobody has since then (yeah), um cos one of the things I have learned is to
 542 try and put out the signals so that people don't put themselves in a crappy
 543 situation by upsetting me, and also the wife does the same as well, you know
 544 kind of give them a chance if I'm feeling crappy about something, I just, I put it
 545 out there, I almost put a notice on me door, don't come in unless you really
 546 have to because I'm not in a good mood kind of thing, and at work most people
 547 now respect that completely, um, and in gen, I'd say in general, apart from that
 548 women who's left anyway, work wise has been superb, really supportive, and
 549 (mm) they all come in, sit down have a chat, um and it's yeah it's been good, it
 550 has been good, I couldn't have asked for anything more from that lot really

551 H: From your work

552 Yeah (yeah), yeah definitely, they've been ultra supportive to the point where
 553 you know, even, even now, when I went in, cos it's, I work in a school, and when
 554 I went in last week, and my line manager just sort of been, you know he's asking
 555 me again how are things and stuff, and again he just said you know if you, if you
 556 get up one day and think I really can't do it today just give us a ring you know
 557 (yeah), just let us know you know, you know, there's more important things
 558 than work, and that's, that's been their attitude right from day one (yeah) um
 559 no pressure whatsoever

really supportive ultra = extreme

the experience may

EXTREME
 support
 for experience

he learned
 through counseling?
 learned to tell others how
 he feels through process of
 counseling? By opening up
 in counseling perhaps gave
 him permission/validation to
 tell people what he was
 going through
 what he was going through

Some anger at wife for being distrusted/unknown

to feel separate/out of control

frustration that he couldn't fix it.

[CONTROL]

Derive/will to fix/control - HAVE CONTROL

they - referring to counselling - (it wife) counselling process didn't stop the feelings but helped him understand them/manage them/reflect

frustration - feeling upset or annoyed because he could not change something - also couldn't change to help / happened to his family

(DUTY) - moral obligation

DUTY/JOB identity meaning

more than (JOB) - who he is as a person

also falling apart sense of family identity within

struggle for the man in family father/husband to not be able to keep/hold on to control

H: So you were saying there was sort of, that the counselling helped validate feeling you know validate your feelings (yes), really in a way what other feelings can you talk about

Um, a lot of it for me was anger, um, there was frustration that I couldn't fix my wife so to speak (right), um I knew, I knew I couldn't, but there was kind of, as a partner you and, you just want to help more, but then they made me understand that she's on her own little journey that she has to do on her own

really (mm), there's, yeah you can help along on the way but overall to be honest you're just going to have to let her be um and she will get there at some point (mm) um, but it still, it didn't stop me getting frustrated (it didn't)

and you know and even sometimes now when she, when she sort of has a bit of a downer she (mm), she every now and again she'll go on a two three day downer, um I find it hard, because I can't do anything about it, I've just got to be there really (mm), I've just got to be there (mm), but I get frustrated when, when things are out of my control (yeah) I get frustrated (laughs),

H: Is that how you felt through, through the experience

I felt out of control (yeah) and it wasn't, yeah it's, it doesn't sit nicely with me (mm), really, it really doesn't, especially when it's the people around you know are hurt (mm), and you know one of your sort of duties in the family is to help people when they're hurt (mm) and when you can't do anything about it (mm), it's evil (mm), you know, one of my (motos/laughs) is kind of well if it's in your control then you know do something about it, if it's not I would say tough shit I suppose, but you know in this I felt to a degree it should be in my control and I should be able to do something, but I can't (mm) and um, it was, it was horrible (mm) it was horrible just seeing, and you know not having Samantha but Francesca as well, just seeing them falling apart in front of you (mm) and you know to a degree being told you need to let them get to there, and then

by ourselves

felt it should be in his control to help his wife/daughter + couldn't let go of his sense of who he should be, and felt he was.

lack of control also reflect his feelings about his wife + his daughter?

own journey is separate from him

what the counselling process helped him recognise in his wife

lack of control also reflect his feelings about his wife + his daughter?

own journey is separate from him

what the counselling process helped him recognise in his wife

lack of control also reflect his feelings about his wife + his daughter?

own journey is separate from him

587 they'll work themselves back up again, you know, there, there's, you can't, you
588 feel... I interrupt him naming his happiness?
589 H: Is that what your counsellor told you? happiness?
590 In a way, it was kind of (in a way), certain people they'll come in and they'll say
591 you know oh let's do this, let's do that? you, in a way you need to hit the bottom
592 to start coming back up again, if somebody sort of tries to interrupt that process
593 and cuts you off, at some point you are going to hit the bottom, to the, the
594 sooner you hit the bottom it's probably better for the whole process, and that's
595 in a way how it was explained to us, you know, you do need to hit the bottom
596 you do, you need, you need to go through it all, you have to go through it, if you
597 prevent going through any of the emotions you're going through by, (coughs)
598 you know putting yourself on anti-depressants or what have you (mm) at some
599 point you are going to hit that bottom and you'll probably hit it a lot harder
(mm) um, and, I, that, that made sense to me, that, that did make sense (mm),
600 um you know and people, when people kept saying oh you know I wish I could
601 take your pain away, and things like that, and then we'd be, you know and then
602 we'd say yeah but if you take the pain away you're going to take all the
603 memories and stuff, yeah they may be crap but I don't want to lose them, um,
604 and that whole (fitting the bottom) did totally understand that (yeah), sort of
605 from myself but also seeing somebody else doing it as well, it was, it was, it
606 made sense (it made sense when we were told it, but actually going down the
607 bottom and then coming out of it, you think, yeah actually, I feel str. almost
608 stronger) or it, and having sort of been on that roller coaster for quite some
609 now, every now and (again when) do hit the bottom because I've been through
610 it several times (kind of feel I've got the tools to equip myself now) more to sort
611 of come out of it, the (little bit better and that little bit stronger) did counselling help him find
612 H: Are you able to describe what that bottom is like (it's almost) when you say I
613 hit the bottom? like by a little bit stronger
614 for counselling results for counselling - he just get the process of naming/sitting
strength found from naming + experience - he just get the process of naming/sitting
the bottom. difficult feelings through/leave bottom helped something drift?

SENSE
WANTING to
naming
process to
A process to
go through/beat
order to
fully move
counselling helped him
make sense (sense) of what
made sense (making) of him
question/process not
had happened
didn't want to do
past was to do
lower him
did he
feel weak
at bottom.
for - KENNETH GIBERT
strength found from naming
the bottom.

try and solve / make
pain away like he
did.
A process to
go through/beat
order to
fully move
counselling helped him
make sense (sense) of what
made sense (making) of him
question/process not
had happened
didn't want to do
past was to do
lower him
did he
feel weak
at bottom.
for - KENNETH GIBERT
strength found from naming
the bottom.

nothing he can do/
happens
"HITTING THE BOTTOM"
the lowest point
referring to counsellor speak?
so painful but it seems he reaches
that there is a process to go
(MOVING PROCESS) - this has
realised
HOLDING ON + LETTING GO -
important to move the lot of
danger to put her + her top
ref. (630)
MOVING PROCESS - repeats
counselling help him find
strength in going through
his process but also
the process of naming/sitting
bottom helped something drift?

EXISTENTIAL
QUESTIONS
What was
the point
of living

red her name once on the 206
name her in response to
father naming her

- an area of flat land
w/ few trees - quite "barren"
without her

lost in a barren wood
- looking for another way
split between Romantic beliefs &
Emotional beliefs - feels
he will be re-connected with
in digits

628 through all the it will be you know better if I wasn't here, once I've gone
629 through all that and come out and I start thinking those thoughts, then I can, I

ROARECARE / live/not live
(609) fear of death

640 H: When you say tools, what sort of tools do you feel the counsellor gave you?

counseling helped him understand there were a lot of projects to go through and had not been expected.

633 equipped / 637 tools

⑥11 - ways to fix a problem / ways to mend

TOOLS - to do
practical ACTS but
also mental
ACTS.

likes to have itself -

The experience was
everything / too dark
to see wood for trees -
to think clearly.
Nothing made sense -
at time of the tools -
counseling helps to
name how to move
forward / survive.

Seems he
understood counseling as
a type of relationship where
other needed to understand him.

641 Um, the tools sort of try and you know think of a positive thing (yeah) you
642 know things like when you, when you having like panic attacks (yeah), sort of
643 things to focus, but also, if there's, you know if you have issues with say a
644 person or people (yeah) the ways in which to sort of go about addressing it or
645 (yeah), don't address it now, (mm), you wait strong enough (yeah), wait until
646 you are strong enough (mm), you know just, just those sort of practical tools to
647 do things when you're ready um and also to sort of mentally put your mind
648 somewhere else if you are in a bad situation to try and help you sort of come
649 out it a little bit more or, you know to calm you down or (mm), to take yourself
650 away mentally from a situation if it's driving you insane (mm), just try and think
651 of all the things (mm), just stuff that I just wouldn't have, wouldn't have thought
652 about it because it was just the whole everything it was just too dark (mm), and
653 things now that are pretty obvious, um, and would have been obvious if
654 somebody had explained before all this happened, and you'd think oh yeah that
655 makes sense that, but during the time it just doesn't, nothing makes sense,
656 nothing nothing at all (mm), but, I, I do, yeah, definitely had benefit from it, I
657 know several people who've been to the counselling and they say oh it's not for
658 me bit, and I always say you need to go at least sort of four or five times before
659 you see anything from it, you know they've got to know you, they've got to
660 understand you (mm) um, you know it's not just you go two sessions and it's like
661 working, you need to go and stick it out
662 H: Do you remember anything, different when you went on your own, did you
663 feel that was (well), had an impact in a different way

— didn't feel strong through
the experience - felt vulnerable
madness - when others did
not understand his experience.
Recognising that he
counseling is a process to go
through.

Experience
too dark.
Whole/experiencing
nothing makes
sense

In one to one
= Better time/space
CONTROL
LOGIC
vs
EMOTION

No structure

METAPHORIC LANGUAGE
for emotional metaphor -

have to walk this way
can't by-pass/run off
the path despite having
- easier to walk to

Struggle to
maintain his
Role/identity

and
METAPHOR in
his life

felt as though he had
lost everything - ok of the ways
he perhaps needed to not feel
this way by being
his wife

664 Well, what would happen if I was on my own um, my, a lot of the kind of things
665 I'd, cos we'd have even when we went together you know (mm) the, the, it
666 would go from (both) you know (yeah) the (focus) would shift and shift
667 um but a lot of the time it would be a case of um, I'd have that hour to talk
668 about my issues, whereas obviously when there was the two of us (I only have
669 half the time or what have you um, but some-sometimes we'd talk a bit deeper,
670 about you know our relationship um and again a lot of that was to do with my
671 frustrations) being out of control, or not being able to control anything um,
672 and a lot of the, the few sessions we had, it was, I think at least two of them
673 were based around that the fact that I felt so out of control, you know my, my
674 job I work in IT, pretty much everything's in my control (mm), it's all logical and
675 stuff like that, and this was not in my control (mm), not logical or anything um
676 and it, she just was reinforcing the fact that there is no time limit on it, there's
677 no structuring what tomorrow's going to be, what the following days going to
678 be etc. you know it is what it is, and it will take its (with emphasis) course, at
679 some, at some point you know there will be parts where you are needed more
680 than others, um but you know it is a path that has to be trodden, there's no
681 short cuts, and a lot of it was, what drilling that into my mind, was you know that
682 'I've lost control' but you know in a way there are still bits that you can control,
683 you haven't lost everything there are still bits, and one the, the focus on those
684 on how I am possibly helping others but also helping myself as well with, with
685 sort of the ginger side of things, then you know I started then thinking oh yeah,
686 yeah, cos you don't, you don't see things for yourself sometimes, you know if
687 you start schpeeling on about how your weeks been, oh yeah, oh we had a bad
688 day that day, and we done this, this and this, and she would just pick out little
689 things, see you helped there, you helped there, you helped there, so
690 H: You helped yourself or you helped someone else?

If on his own there was
more space for his experience
and able to reflect in more
depth - NOT SMILE but at
control his feelings in his life
the way he had functioned
was with REASON/LOGIC +

have to allow it (submit)
(surrender)
Is this the
pain - that he
didn't feel needed - he felt
cut off by his wife?

— counsellor helped him feel
he still had purpose, still
had meaning/identity in
his life

LOSING CONTROL ← negative if
lack of control to save daughter?
- Is what is
painful also
Then living desire to save
his wife
25

HOODING ON/SEPARATION
Dilemma.

really don't - can't feel,
on happy feeling.
conflict -
to feel better felt
like perhaps he was
separating/moving away
from his daughter
felt difficult

691 Both, (yeah) yeah you know so, you know she's kind of so it's not all bad is it you
692 know (mm), um she said you are functioning outside your, your little bubble -
693 because you're able to do that you're able and it was these little glimpses of
694 light outside this real dark bubble that we were in, that were, that was just, it
695 was good (mm), it was nice in a way (mm), to see that, it was also upsetting
696 because you think am I getting further away from um Isabella, when she was,
697 but then she would explain, well no you're not (mm), you're not, you're just
698 letting life back in (mm) just slowly but you are letting it um

H: Because if you weren't in, in pain about Isabella it felt maybe you were less
connected to her (yeah) in some way
you are still connected to her

702 Yeah, yeah (yeah) in a real sort of horrible way but she would yeah she'd explain
703 that no you (you are) you're just, you're (mm) you're slowly letting life back in
704 and that doesn't mean that's getting further away (mm) but your letting things
705 back in, which means that you're slowly getting ready for it you know your
706 accepting things again (mm) which means you're, you're learning from um this
707 experience, you're um adjusting to it and stuff and she said that's good, she said
708 you know that's good but there's, you will go back down into the (dis)place
709 again, she said I'll guarantee that (mm) and you'll probably do it quite regularly
710 but, you'll keep coming back and you will, there'll be more (light) and things like
711 that, you'll take more from it, and um because she said normally when you
712 come out of it and think well I'm not going to put myself in that situation again,
713 because that was just negative, and so, (mm) yeah, it was, it was

H: So how would you describe the counselling, you know that it helped you
recognize (I think) see things in a different way in a way or

of other experiences
would lead to falling
down/re-entering pit
daughters like other
people not understanding
his pain/grief... or...
missing her

coming back to life without
death wish + life instinct.

did his word feel small
and enclosed his courtyard
did he feel this.
GIVE HIM THIS.
second time he has named
her.

Pain of
separation

did he still
live out.

getting ready for what? life
without her? a life

Praise from counsellor -
it seemed it was
important for him to
be reassured he
could go on +
live a life without
not desiring his
daughter

Counselling enabled
him to reflect on patterns
learn from experiences
that need help him

COLLECTIVE EXPERIENCE.

he felt understood as an individual
 his unique experience

A process they went through together to be given concrete strategies

US given for him - can of experience he had of him something he understood of. Important to feel that his/their experience is recognized - he has an individual experience + also a collective experience - that he is not alone + a shared experience of that.

This is perhaps the stereotype of a hipster
 counselling both on experience
 Meeting both on stereotypes + two knuckles
 stereotypes that rules...
 traditional over-rides
 - a need something out relationship

Def yeah, it um, it was, it was good because it, it was, it, it explained things, not just in general terms, but it kind of explained, the, the counsellor explained to me as an individual (yeah) this is the kind of person you are (yeah) this is what grief is (mm) this is what in general grief does to people, this is what it is doing to you (mm) um, it will get worse, it will get better (mm). You know there will be things that we were experiencing was (normal mm), it you know, it wasn't just of unique, well in a way it's unique to everybody but it overall it wasn't just unique, um it was, everybody that goes through it will go through pretty much the same thing, and the important thing was there was always the message of um of (hope) being there, you know it will be better (mm) it (will) and that just kept being a, an underlying message (mm) to most things through, and at first yeah you don't believe it kind of thing (yeah) but you do, and it's, like they say again when you go there and you talk about things you've done in the week, and you just think you've had a crap week and stuff and then over the weeks you feel like well actually this week has been a bit more positive than the week before and stuff and that, that was, that was good it was good and stuff, and I, I didn't realize how much it had done for me until probably about a month after the counselling, when I sat down, I was, I was actually sat on that sofa there and I was just thinking about it and I thought you know what, that's (priceless).

740 I was just thinking about it and I thought you know what, that's (priceless).
 741 absolutely (priceless) um in probably (ways) I'll never be able to measure entirely but definitely (priceless) (mm) and I think you know the woman who we had was a bit of a hippy you know (mm) but really, just really nice (mm) and yeah, I, I (laughs) kind of thing how can something like a child loss, but certain other things as well people can dismiss counselling, but I'm not sure, it was, it was (priceless) for us

Use (741) for metaphorically feedback.

named the process of us going through ups and downs rather coarser/you go.

That they went going further that his was an ordinary or expected process given how he

It will get better - it will shift/impossible to imagine him at first.
 measured by counsellors
 Reflective of research - can not fully measure experience - try + understand

Quote about the meaning of therapy. not measurable/not quantifiable/not paid for but something felt. meaningful/felt.

repetitive of research process

747 H: And what do you, when you finished the counselling do you feel you'd arrived
748 at a particular place what sort of influenced your decision to end

749 Well the, the agreed amount of sessions was ten, and then they said well if it

750 goes over that, it goes over that, but I think because we had periods of time
751 where there was two or three weeks between a session, here and there dragged
752 out over a longer period of time (mm), but we were, we're, we're pretty good,
753 she actually said we were good at putting into practice what we'd agreed, you

754 know about (mm) sort of oh if you're in that situation and you're not happy
755 about it, get yourself out of it before you end up sending your levels through the

756 roof (mm), to get yourself away from it, manage um what you're doing etc, and
757 yeah we got to the point where I'd say the last two sessions were pretty much

758 reflecting on how far we'd come, um, and she, (breathes out) well we all came
759 to an agreement that we're probably as far as we can probably get at the

760 moment without just going each week, or every couple of weeks, and just re-
761 inventing the wheel so what she did say she said well ok, she said we'll you

762 know we'll (I'll let you go) but if you do need to come back then you've got our
763 number (mm) and we can always get you back, and Samantha's actually been

764 back (mm), um she had four or five sessions (mm) because the, come to
765 Isabella's first birthday (mm), um she, she wasn't very good with it really, um so

766 she went back again it's, it's helped her no end

got as far as
could go at this
time - to manage
a very unique experience
The counselling was
about managing the
life in short aftermath
of cars on opposed to
a longer term process -
perhaps reflective of the
future experience being
most profound initially?

I've had to let them go
rather than him letting her go... too painful? much to see him way
is. He had to let go of his daughter (not long term
enough therapy)

It was meaningful for
him to achieve things / do well
through the process / so well
he praised for what he
could do.
could control.

Proud family
feelings

down / put up / put
down / put
but not
point of bottom

The sunset
caused him
to cry

crappy
shit

celebrate his
life

Reminding her
-recognizing /
celebrating her life

after 1 year something had
happened for him.
celebrating his daughter
life felt positive.

he didn't feel suicidal
by it - 1 year on.

A moment that he could
not share with his daughter -
looking at the beauty of
world + feeling like could
not experience this - they
could not experience it
together.

796 Well I just, cos I, you know, Samantha was there (nm) um we'd met up with
 797 another lady and her two kids who were actually also er staying at our place and
 798 um we, we just bumped into them and it was just, it was just really nice, it was
 799 (nm) you know we were all chatting away and um it was just a beautiful
 800 evening (nm), warm, nice music, having a drink, and then ~~there~~ was there
 801 giggling away with the other, another little girl and stuff and I just thought I so
 802 wish ~~you~~ were here (nm), but you know it was just a moment and (nm) but it's
 803 just, it's then when I get kind of sentimental about things anyway, to me one of
 804 the best things ever is being on holiday with my family (nm), and then I love
 805 sitting down having something to eat or drink, suns going down and stuff, and
 806 that's what it was (nm, nm) it's a she should have been here (nm) but I kind
 807 of just, like I say, I just took in the the kind of scene and just thought well you
 808 know the other two are here, just took some deep breathes and kind of just
 809 calmed myself down, and then I was ok, I was alright, but I was, I was probably
 810 quiet for a, a day or two, but then I was ok again, and, and then the, the sort of,
 811 the problem is when that happens, is your mind's just consumed by it to a
 812 degree, you sort of everything you think about then is, yeah, she would have
 813 been splashing in that pool, or she would have been doing this or she would
 814 have been doing that (nm), and it's, you, you do that anyway, but sometimes it
 815 just really puts a big weight in your chest and drags you down, other times it
 816 doesn't, you just think of it as well, you know she isn't and there's nothing I can
 817 do about it and kind of deal with it that way and other times it does, it drags you
 818 down, it does, and I think, I think going back to right at the beginning where you,
 819 where you have that kind of, you put you that on things need to be done, and
 820 you kind of lock a lot of it away and I think for me it's little moments like that
 821 where it starts coming out again, just starts coming out and out and out, um just
 822 out of the blue but I think, you know, I'm more, more able to deal with it, those
 823 little bursts than, than I was, definitely (nm), um I don't, at all, one point I
 824 would just been a big-balling wreck and then just have to have walked off and
 825 locked myself in a room, you know good night Vienna for a day or two (nm) but

PART of being a
 father/husband/man
 in family needs him
 in a way

In time it has been
 easier to club out of
 - to not be dragged down

having a wonderful
 time love of just win
 so

falling to bed

UNRECOVERABLE
 hours of grieving.

withdrawn from
 world.

REMEMBERING THE IMAGINING WHAT
 SHE WOULD/COULD HAVE DONE
 SHE WOULD COOK - BEING DEEPER
 DRAGGED INTO THE PIT (UNRECOVERABLE)
 (something going up + down
 about two.)

A really happy moment
 that he missed his daughter
 could experience/share
 Perhaps also difficult for him to feel
 by in upstream of losing his child
 NOT MEANT TO HAPPEN
 - an unfairness

doesn't finish - too
 despairing to acknowledge
 the bottom?
 he has moved on from
 this.

Separating from baby - letting go of death wish?
 being with daughter/holding on is by sleeping/reading/grey/decide to be with her
 - enjoying life/missing on requires some separation.
 Some autonomy!
 control!

826
 827 The life he does
 828 have - he can
 829 relationships
 830 hold on to in
 831 his mind. helped
 832 counselling's been helpful
 833 counter for living life
 834 more
 835 himself
 836 him life
 837 or to. help you up on this
 838 read
 839 she's not going to
 840 come back.
 841 It won't be with you
 842 lost - to
 843 remained as
 844 life that was
 845 be lived.

826 now I can't again, it's kind of just, you know, deep breathing, gutting your mind
 827 back into gear, you know you're here now, you've got the two most important
 828 people in the world with you (mm), you know let's let's sort of still enjoy it, it's
 829 you know you're on holiday, your daughter's there, she's come away she wants
 830 a nice time, she doesn't want to see you in a wreck all the time and stuff, and,
 831 and that's, that's the kind of thoughts that get you through it really, or have got
 832 me through it (mm) (thinking of the positives), and um again that was from the
 833 counselling (mm) so (Sighs) yeah I just, yeah there's not, there's hardly a few
 834 moments that go by when the name doesn't ping into your head (mm) because
 835 (you) your life is now full of what it's (mm) what it's (what if) what if (what if)
 836 that you know, oh she'd be going to school you know, not for another couple of
 837 years but that's going to come up, and stuff, so, I think the er, you know the
 838 counsellor again was saying that's that's perfect (natural) there are going to be
 839 some (what if) that are going to (tip you up) there's going to be most of them
 840 that'll just get on with and deal with, but some of them will (tip you up) um,
 841 but nothing's going to change, um, you just got to deal with it, try not to think
 842 about it too far in advance, because it will (weaken) you as time goes by and then
 843 when it really does hit you, when the event does hit you, you will probably be
 844 hit for ten years or more, so you just need to try and focus on the here and now (not
 845 what's going on in the future too much, just take it as it comes) (when it comes
 846 so, which is true I think because you tend to fester things up don't you (mm),
 847 when you think about things too far in advance and sometimes they're nowhere
 848 near as bad as what they actually are (mm) um so in that respect, that that's a
 849 big thing (mm) for not thinking too far ahead (mm), because again my logical
 850 brain might think this, this and this (mm), but try to um just take things as they
 851 come, be a bit more (spontaneous) with other things as well um, which again is, is
 852 good, because it adds a sort of add a different dimension to your life, I'm not
 853 (spontaneous) at all but I've had to try and be (laughs) (mm), but that's, that's
 854 been a positive bit of advice from the counselling (yeah), um, kind of, stepping

1
 counselling
 was quite
 discrete
 also therapy of experts.
 - REMEMBERED

he really took in what
 the counsellor said as
 helpful / insightful
 he can really remember
 the details of what his
 counsellor
 counselling
 really mattered
 + VIVIDLY REMEMBERED.
 31

he is able to cope better now.
 he does have more control
 over his emotions / he can
 find ways to move on
 Perhaps this was some of the
 things - he was enjoying life when
 made him remember how he felt + what
 or his relationship with her.
 she is NOT FORGOTTEN (difficult to
 always remembered.
 counsellor voice.
 He assured it was ok / natural
 to feel these feelings - to remember
 his child life as if she lived
 - confusion over this.

addressed aspects
of himself / his character

the counselor helped him
feel his was right - he had a lot
of faith in the counselor's advice -
a strong therapeutic alliance?

855 outside my comfort zone but for the right reasons, um, and it's yeah, it's
856 that's been, that's been pretty good
857

858 H: You said you were having some panic attacks, did you feel the grief physically,
859 you know in your body

physical sensation

860 Um, actually I just, I just felt suffocated (mm), I just felt there was just too much
861 to deal with (mm), um again you know I might think there's a little

862 compartments that I can just right I've dealt with that now I've dealt with that, - important for him to have
863 but it was just all consuming, and then when I'd start thinking about it, a role/purpose

864 everything, you know um, I was worried about her (talking about his wife
865 upstairs), I was worried about ~~her~~ ~~about~~ I was worried about sort of being in
866 work looking, thinking I'm going to be some sort of outcast and um, issues with
867 friends stuff like that (mm), every now and again it would just hit me (mm) and

868 that would be (breathes in) struggle to breathe and stuff (yeah) and that's what it
869 was but once the, once various things were being sorted out, then they were
870 receding, I've not had a panic attack now for a little while but (mm), you know

871 I've not felt like that for quite some time either, but those were you know quite
872 debilitating really, they were sort of pretty, it was just, you start thinking about
873 one thing and then it becomes the next, the next, and then before you know it

874 you're struggling to breathe and (mm) focus on anything (mm) so, and that was
875 one of the things that the, the counselor helped me with, but ~~as well~~ as well
876 because she was starting happen, whereas sort of grounding yourself again

877 and focusing on something to try and get other things out of focus and to bring
878 yourself back round again, but um, they, yeah they were quite vicious, quite um
879 difficult to deal with (mm) um I think a lot of these things, um you know

880 just, for a (sighs), for (chokes) they're quite alien (yeah), they're quite alien (ou
881 know, and I think that's what a lot of people don't kind of understand, you know
882 some people still you know after about three weeks of all this happening you
883 know, you get somebody who you, you know quite well pat you on the back

884

885

886

887

888

889

890

891

892

893

bloke
is perceived
by others
strongly

What does being a
bloke mean? - someone
wouldn't want how to be it
- it's a perception of how
to be by others (few by
we should be able to
express these emotions but
this difficult even in
does this feel like a
weakest to an extent -
live SICKENING
before could act on feelings
- loud block out - but in
this experience can not stop
feeling the feelings
fundamentally changed
in way of being/his
defensive structure - how he
used to be.

The rollercoaster is
letting emotions control (ever)
without having control
them able to have
not being on a rollercoaster
control - have feelings

884 'you alright mate' kind of like that, and like you know sometimes you think, 'do
885 you really think I'm alright' kind of thing um, but sometimes you use to it,
886 sometimes you wouldn't you'd just go
887 H: When you say, when you were saying these things to a bloke are alien, do
888 you mean the sort of profound, the sort of intensity and profoundness of the
889 emotion

890 Yeah, yeah, (nm), um, you know, the, the bloke is, you know if you, if somebody
891 was to write a, a, er, a manual for (bloke) apart from all the comical ones that
892 you see, but you know overall they're supposed to be strong, de, de, de, de,
893 de,
894 (yeah) we, we have all the same emotions um (yeah) and I think certainly this
895 day and age now, where, you, you (sighs) I, I've, I've pretty much, I, I have worn
896 my heart on my sleeve quite a lot in life, but that's totally, you know saying oh
897 I'm really angry or I'm really happy or whatever is totally different to saying I
898 could quite happily kill myself or something like that, you know um, I know I
899 never would but I'd say I feel like doing it (nm), but I wouldn't, um, is just, it
900 was frightening, it was frightening some of the, you know like having a panic
901 attack, for e, er, never had one of them, I've had some crap, but you know I've
902 never ever been anywhere near the stage of having anything like a panic attack
903 normally I just deal, I've dealt with stuff (yeah) um but again I think, I think a lot
904 of it boils down to that, the, the control thing as well, you're out of your control,
905 and you've got to let your emotions go, instead of just bottling them up and
906 then just trying to just get on with them the next day and what have you and
907 then eventually putting it on the back burner, I think going with it, accepting
908 whatever emotion it may be, dealing with it, learning from it, has been a, a, a
909 (big, big roller coaster in my life (nm) and I think the, the, the grief of, of men,
910 but you know, from losing their children, is, is probably totally underestimated
911 by a lot of people (yeah) I think, totally, because we you know, we people
912 who've met, through meeting them, or (nm) or, or bit (nm) and

Some validation through
his meaning of one father
that he is not alone in his experience/validated

Anger towards people -
Anger at world. Feeling that
people don't really understand.

- confusion in this...
How can he be a bloke +
weak/
some liberation for men not strong
to be expressive but intense
dilemma/masculinity crisis -
when faced with not coping with life.

Frightening - to not be in control
of his feelings / to not know
how to deal with his feelings
have NO control over feelings
- old defenses don't suffice
- counselors voice?
- people still expect the men
to be strong in some way/
to cope.

A pressure that they feel
 914 having? which is also
 915 impacted by societal pressure.
 916 to be strong/ to keep things
 917 going.

he also put himself
 918 on back because
 919 he was in a position
 920 where he was
 921 supposed to be
 922 strong/ to keep things
 923 going.

he was in a position
 924 where he was
 925 supposed to be
 926 strong/ to keep things
 927 going.

he was in a position
 928 where he was
 929 supposed to be
 930 strong/ to keep things
 931 going.

he was in a position
 932 where he was
 933 supposed to be
 934 strong/ to keep things
 935 going.

he was in a position
 936 where he was
 937 supposed to be
 938 strong/ to keep things
 939 going.

we suffer as much as the woman implied here is that
 they/he doesn't feel this is acknowledged!

it belongs to him too -
 he lost his baby too.

a felt pressure INTERNALLY
 too, to PROTECT.

despite raising through
 counselling this wasn't
 going to work for him -
 he attempted to do this
 but of him wanted to manage
 himself in a way expected
 by everyone - made it difficult for him to
 know what to do with his feelings

his experience.

he is dying also/difficult to breathe -
 difficult to live a life after his daughter
 has died
 he describes coping with
 grief smother state as being.

he felt he was weak/did he also
 perceive this experience as
 a 'weakness'

leveled
 out. no grief

913 stuff, we suffer just as much
 914 have, we have, what we, we all think are common kind of pressure or whatever
 915 you to try and keep things going, you know, there's, there's different pressures
 916 H: So you think that something's unique to the Dad is, they have their own grief,
 917 but also the pressure to (to, to), to
 918 You want to protect (yeah), you know so in a way you do put stuff on the back
 919 burner, stuff that you need to deal with still (yeah), it does need dealing with it,
 920 cos if you don't deal with like our counsellor said, if you don't deal with it, it will
 921 come back and bite you on the backside twice as hard, um, but you know, a lot
 922 of the time, you know, hated it when the phone would ring and it straight away
 923 it won't be 'how are you?', be like 'Oh how's the baby?' (yeah) and the focus
 924 was always on the woman (yeah), or pretty much, you know 8-9 times out of 10
 925 (yeah), they'd ask how she was first (yeah) and not me, um and I'm not
 926 bothered about which order it's in but it sometimes it would be a (yeah) case of
 927 how's she, and hardly saying anything (yeah) about me at all, um, I just felt it
 928 was a total lack of understanding that (yeah), you know, I'm not, yeah ok I'm a
 929 bloke but I'm a human (have emotion) (yeah) (I've lost my child) (yeah), um I am
 930 hurting like nothing else (yeah) ok I may be putting on a brave face because you
 931 know tea still needs cooking, and you know drinks still need to be made, child
 932 needs clothing and stuff like that, but I am absolutely dying inside and I've got a
 933 lot of crap I need to deal with too so, but luckily you know over a period of time,
 934 um when Samantha started feeling stronger, when I sensed she was stronger,
 935 then I felt my kind of guard dropping a bit, and then my grief started to come
 936 out, so as she was getting stronger, I was getting weaker, almost, but then it kind
 937 of you know even keeled out sort of...
 938 H: So in a way when you're saying you wanted to protect her, it would feel that
 939 a way of doing that was not to show so much of your pain (ye), in order to allow
 940 her to have her pain

he wanted to
be a parent to his
sons daughter who
was his wife who
not coping / couldn't
to day life / input

going down -
going into pit - also
going further into his
internal world.

941 Yeah, I, I did, I did show it (yeah) quite a lot, but I did feel that I had to almost
942 wrap it up and put it away again (yeah), sometime because you know I am, if I
943 don't deal with x, y, z, it's not going to get done, these still you know, still had to
944 go and pay bills, still had to go and get food, still had to you know sort of um,
945 ~~that~~ still had Brownies and things like that to go to (yeah), all these things still
946 had to be done (yeah), and I just felt that, that little girl shouldn't be suffering,
947 she shouldn't be um missing out, or suffering let's say, because of a parent, you
948 know got two parents, one of them has got to be able, we were getting offers
949 from the mother in law who lived 2 minutes away from us and stuff, er but that
950 was ok for the first couple of weeks but then I thought no, ~~because~~ still needs
951 input from parents, so at that point it was, it was me, but then like I say
952 probably after (sighs) six weeks or so when, when ~~because~~, I could see she
953 was getting stronger, that's when I started getting (weaker) (yeah) really, um
954 H: So it sort of allowed you to - things going

strengthen to keep

again a feeling

he counselling -
a lucky experience / fortunate

is there an internal
struggle last also to
about he went 'down'
he fell apart.

doesn't finish here - but
at he time is wife was
not coping / DEBILITATED (87%)

he could 'weather' / breakdown his
dependence.

doesn't want to... he was
blame his wife... he was
worried he pressed her
I am aware of my feelings
around not blaming wife / keeping
her in a very strict / somewhat
firm.

hard work / grinding / grinding /
curtailing
down
his experience
internally also?

should NOT
be happening for
not want to be life is
of having a baby/dreams
come hopes + dreams

difficult to say
because of waiting
celebration of his life
he participated in
to commemorate
but also lost
lost in the
he appeared in the
personality is left
person too. She is gone

concerning in some way
helping

difficult to measure the impact
of me counseling/or how his experience may have
been different before/after
it helped.

969 would have been a lot worse in what way I don't know, but I probably would
970 have been, I think the timing was perfect (yeah), really it was really good, but

971 Hi: You said there was a service, was that an important part of the process?

972 (hesitation), yes, um, we, we had the service it was about 10 or 12 days

973 afterwards (mm), 12 days it was, it was on the ~~road~~ and um we had her

974 buried in the Church just up the road, um that was really odd because we, we

975 contacted the Parish priest, ~~he~~ goes to the school up there and goes to

976 the Church as well, and he was um, he was really nice at the time, he said oh

977 leave it with me and stuff, um I'll find a nice little plot, I'll liaise with the funeral

978 directors and um, you just let me know what bits you want adding to the service

979 and, and stuff, yeah, yeah, that's fine, so to actually sit there then, and look

980 through things like um, funeral directors brochures for headstones and stuff

981 when what you should be doing is going down to Next and buying some nice

982 new clothes and stuff (mm), it was absolutely (unreal) (mm), it was (unreal) um,

983 and we just kept literally going we shouldn't be doing this (mm), we should not

984 be doing this, we shouldn't you know, um, but we did, we, we had um, a

985 meeting over at the um, the funeral home, the woman there ~~who~~ who is here

986 every morning now when I take ~~her~~ to school, she was absolutely lovely

987 she pretty much done everything for us, and um, it was, it was, it was lovely

988 service, it was on a beautiful sunny day, not too dissimilar to today, piping hot

989 um, there was loads of people at the service, went over the road to the pub, um

990 my brother and my sister came down from ~~the~~ and we just basically had a

991 (cele) we again we didn't want any black suits or black tie, we just said we want

992 you to come you know nice summer dresses (mm), things like we wanted it to

993 be a colorful affair, and um, we had, just a good knees up in the pub for the rest

994 of the day really um, and again, once the following day and people were going

995 back to their sort ~~of~~ and things like that, kind of a, a

996 couple days of a come down, and, you know, the, the dark period when oh

997 everybody's gone now, and you know that's it, you know where's, where are we

unreal/bizarre - Not meant
to be.

contrast.

unbearable funeral

important to commemorate
his life and bring life
to the experience of his
funeral

colourful event with people/support
w. love in grief/depression/darkness.

the character of
the experience - distinguishing
between the significant
and the trivial

1001 I do both
1002 H: you do both
he visits memory box +
gravestone to be close to
her / to remember / reflect

1009 - that we weren't aware of (mm), um until we actually went, wanted to go and
 1010 get the headstone, we were told you can't have this, you can't have that um, so
 1011 that was all very stressful but, um, we, we sort of worked through that, instead

1013 ~~for~~ ~~to~~ ~~be~~ ~~in~~ ~~a~~ ~~position~~ ~~of~~ ~~being~~ ~~able~~ ~~to~~ ~~do~~ ~~this~~, ~~he's~~ actually a ~~very~~ ~~intelligent~~ ~~and~~ ~~un~~ ~~happy~~ ~~person~~ ~~who~~ ~~is~~ ~~not~~ ~~at~~ ~~all~~ ~~into~~ ~~it~~ ~~as~~
1014 I'd approach it this way and just gave us some advice which claimed the whole
1015 situation down (mm, mm, mm), um, and that; that was, you know that was all
1016 sorted out so we finally got that in about a month ago (mm) which ~~wasn't~~ ~~that~~ ~~bad~~
1017 kind of not too bothered about it being there cos she doesn't believe she's there
1018 ~~anyway~~ ~~she's~~ ~~been~~ ~~there~~ ~~for~~ ~~years~~

1019 it's, it's a permanent place (mm), it's you know it, the space (mm), and I just, I
1020 don't know what I got from it, but I just like going there you know, I just do, take
1021 her looks at dad, for walk sometimes in the morning (mm), or at night and I'll
1022 just pop in (mm) or when I got to the shop, but probably three four times a
1023 week I'd say (mm) I'd go up there, um, and ~~she's~~ cos she's at the school next
1024 door, she'll every now and again during break times go 'Miss can I go just see

door, she'll every now and again during break times go 'Miss can I go just see

she lives on / remains
in her heart / nervous

like a baby / kills
kisses his 'bells' -
kisses unconscious? feeling
about his fertility
hard to believe
it happened.
Surely in

Counseling helped
continue life but
her 'basics' of
the her fundamental
also to find something
of surviving + existing
CONTRASTING TO LIVE ON

Optic: PPT + more

1025 my sister (laughs) kind of thing, which is good really, and she talks about
1026 her quite openly, which I'm pleased about now (mm), cos that was stressing me
1027 out, you know saying she went into like a (clockdown) (mm), and she just
1028 wouldn't do it, but she does um, and it, you know we all talk about her openly,
1029 um, you know we were talking about Christmas dinner the other week and
1030 we've got family all coming here for Christmas (mm) and um, you know, we
1031 actually, one of the first times that we've referred to her when talking about
1032 something like Christmas that we all didn't sort of (break down) for anything
1033 (yeah) 'oh yeah it's shame she's not here isn't it' and then someone just went
1034 'well she is somewhere isn't she' kind of thing, and it was 'yeah' (laughs)
1035 (mm), you, um so the (whole) (whole) process of, of dealing with, not just
1036 hearing her name, but thinking about what she'd be doing and stuff has, has got
1037 a lot (easier) (mm) a lot easier but every now and again it does kick you where it
1038 hurts (mm), but that's just the way it's gonna be (mm), for (God knows) when
1039 really, whenever (forever) probably (mm), um but no we um, we (signs) we, we
1040 still, sometimes obviously we (can't believe) that's gone on, and then reflect on
1041 the help that we've had, and still have, and we do, we do think that the
1042 things that have got us to where we are now, just helping us deal with almost
1043 day to day 'basic' stuff, you know (mm), and really a lot of it was very simple
1044 straight forward advice um but it was, it was (priceless and yeah) (valuable) (mm)
1045 'repeats'.
1046 H: Ok was there anything else that you feel I haven't asked about or you haven't
1047 talked about
1048 (long breathe out sigh) not really no, no, I just feel like 'I've waited for (laughs), I
1049 laugh) no but I just, I don't, I know the basis of what it is that you're doing and
1050 just I hope that (mm) it does highlight kind of you know that (we) have our issues
1051 too (yeah) that need dealing with (mm), um we are an integral part of the, the
1052 whole sort of scene, know that the, the woman has carried the child, and you
1053 know has all the physical side of things, which (we) would never had, but

it is a whole process -
HITS every part of his
something has
changed in process.
Does God know? He has
before feelings about a god - but
about it being beyond us
- out of HIS hands.
It will always go on -
she will always be wise
money could not pay for the
meaning of this relationship.
A feeling of (UNCERTAINTY)
in himself about what
he has said - is it ok?

a distance - difference
don't feel that other people recognized
looking at scene

up to face of having about
her / remaining her / being
open.

as he did before

Appendix 1b: Chris's Initial Themes after Coding Data

Talking to God Existential Questions	13, 304, 450-452-456, 468-471, 515-533, 1016-1023 (where she rests) 1038
Sense / Realisation of the loss	14-15, 21-22, 30-33, 36-43,
Protecting his feelings / defences	19-22, 30-33, 69-74,
Impersonalised / detached response to loss by medical professionals	41-42, 46-49,
Reality <i>hits</i> <i>Hit hard</i>	53-54, 1055-1056,
Unprepared	55-58,
Physical reaction to his emotions during and aftermath (panic attacks)	61-62 (initial shock), 161-162, 206-207, 860, 867-874, 900-902,
Surreal / Unreal / Shock	63-65, 86-89, 293-298, 310-311, 982 (unreal)
Desire to protect his wife	69-74, 200, 336-339,
Masculine Narratives , meaning making around being a man – protect, be strong, helping, being in control 'Cave Man' (70-71) 'Blokes' 'opening up'	70-71, 336-339, 388-390, 426-427, 426-436, 436-448, 563-588, 669-689, 879-886, 890-898, 909-915, 918-921, 941-945, 1055-1059,
Falling apart	68-69, 76-77,
Ways of protecting himself from his inner despair, by protecting others and at same time feeling responsibility to do this 'Cave Man' role <i>Being a father to other daughter</i> <i>Work / purpose</i>	67-74, 170-185, 188-190, 200-205, 310-313, 324-334, 817-820, 918-919, 941-951
Looking for blame / desperate search for a reason (<i>implicitly his wife</i>) (<i>himself</i>)	76-82, 463-475 516-523 531-533, 1037-1038 (kicks him where it hurts)
Dissociated from experience (initially) unable to think 'Oblivion land'	63-64, 86-89, 293-298, 310-311,
A desire to meet her	89-92, 98-99, 100-102, 109-111, 112-113, 122-129,
His relationship with his baby through pregnancy, emotionally and physically	99-102, 118-125, 132-133,
A difference from his wife in terms of physicality <i>Envy about this after loss</i>	102-108, 314-315, 1052-1055 (envy)
What is it that is lost? Constructing what is lost and the conflict within this	109, 128-133, 130, 254-291,

Awfulness of the experience <i>Beyond anyone's nightmare</i>	108 , 113, 209-210, 289-290,
Feeling a hole, emptiness, nothing	112-113, 209, 260, 315-322, 325-328, 652-656 ,
Losing the fantasy baby	130-133,
The relationship with the baby 'lives on' (in him)	130, 259-291 (memory box), 285-288 , 768-779 (celebrating bday) 1018-1028 (meeting her space at grave) 1029-1034 (Christmas) 1037-1038 (she kicks)
A natural / physical relationship that exists <i>'Natural Instincts'</i> <i>'Flesh and Blood'</i>	110-111, 130, 210-216, 285-286 ,
Addressing the loss within his relationship with his other daughter: wanting to protect / still be a parent His other daughters relationship with his lost child – a sister	134-160, 235-241, 311-313, 945-953, 235-241, 280-281, 1023-1026,
Witnessing the impact of this loss on others (daughter, midwives, wife)	76-81, 144-151, 166-169, 184-188, 235-241, 280-281,
Hiding his inner feelings, conveying 'normal'	174-185, 930-931,
Some hope for the future, trying to hold on to something positive <i>'We didn't want this to be, to scar it all'</i>	172-175, 189-196,
The significance of a natural childbirth	194-200
A <i>crappy</i> experience (giving birth to dead baby)	189-191, 203, 768, 933,
Hits him, meeting / seeing his baby Physical blow when see's the physicality In aftermath	206-207 867
Uncertainty about his experience being 'normal' / permissible / different	211-216, 219-223, 226-228, 281-285, 875-876,
Having time with her	219-252,

The <i>struggle</i> in letting go / saying goodbye	219-228, 223-224, 259-260, 601-604, 618-626, 692-698, 702-705 ,
Feeling that his daughter lost her life, missed out on being in the world	231-232, 518,
How she exists / is acknowledged as part of the family <i>Christmas, her grave,</i>	237-241, 280-281, 1019-1034 (openly acknowledging her), 1034 ' <i>well she is somewhere</i> '

Engaging / relating with the baby as <i>if</i> she lived (Dressing her) <i>'Sort of'</i> <i>'Simple thing'</i>	241-242, 243-246, 251-252, 288, 298-99,
Not meant to be / happen Unfair / Unjust <i>Shouldn't be doing this</i>	242, 277-279, 463-475 , 525-533 , 806 , 979-985,
Preserving her memory, holding on to her <i>Photographs</i> Memory box -symbolic of his relationship with her and how she has existed, re-visited	243-246, 251-252, 253-257 , 259-291 (memory box) , 297-299, <i>601-604, 692-698, 702-705, (struggle to let go)</i> <i>1003-1007 (headstone),</i> <i>1018-1023 (meets her space at grave)</i>
Stress / pain / rage of others not understanding his / their needs The loss of support (The system, friends, work)	247-251, 315-323, 339-373, 493-501 (rage at God's chosen) , 525-533 , 534-539 , 922-933 , 1007-1016 (tombstone)
Contributing to help others in aftermath Something positive	248-251, 397-411, 412-420,
A beautiful real baby existed	285-286,
Feeling angry / rage <i>Not being understood</i> <i>Experiencing hostility in relationships</i> <i>About not being able to help his wife / out of control</i>	271, 277-279, 383-386, 463-475 , 493-501 (rage at God's chosen) , 525-533 , 516-519, 534-539, 752-756, 342-353, 366-372 563-574, 879-886 (others not understanding), 922-928, 1007-1015 (tombstone)
Meaning of others recognising his experience of loss , giving support (Angel Daddy's)	274-276, 315-323, 300-302, 377-386, 392-412, 436-448 , 455-460 , 487-492, 502-508, 535-559, 909-915 (Daddy's Angels), 1008-1016 (Angel Daddy's) 985-987, 989-999 (losing support / another loss), 1059-1064 (my project / other bloke)
Experiencing madness / insanity	277-279, 325- 329-331-332 , 367-369, 648- 650-652 ,
A process of change in his mourning / relationship with lost child Celebrating her life one year later Missing her on holiday	271 (angry) – 277 (sad) – 279 (positive) -281 (unbearable) -282 (not somber) – 284, 288 (appreciate) – 290 (nice) – 290 (horrific). 768-788, 788- 794-799-812-825 (process of mourning changes – can cope) 1029-1038 (laughs at Christmas, it's easier)

Carrying on with 'normal life' <i>'Stick to it'</i>	304-310,
Helplessness in his role within the family unit / as husband	336-339,
Feeling judged by others / alienated <i>Feeling alien?</i>	339-342,
Falling out with / creating distance from those that do not understand	351-377,
A Unique bond with those who have been through the same experience	377-412, 436-448,
The importance of being able to talk freely / open up about loss	398-405, 415- 420 , 426-441, 444-448, 455- 457,
How it has changed them	412-416,
The usefulness of practical solutions / tools From counsellor and support forum	433, 483-487, 539-547, 641-652, 722-725, 875, 1042-1045,
Realising death: the miracle of birth	450-455
Counselling validates his experience as 'normal' / 'natural' <i>'priceless'</i>	456-460, 471- 482-483 , 487-492, 717-722 , 725-731 , 837-838-848,
Remembering and recalling the counsellors words / 'advice': the relationship <i>Putting into practice</i>	472-487, 483-487—539-547, 752-758, 837- 854 , 920-921,
Feeling she was taken	516-519,
Frustration with feeling out of control / helpless unable to help	563-588, 590-612, 669-689 , 900-909 ,
Counselling helps him make sense of hitting the bottom / to see this as a process that can't be controlled <i>'yoyo'</i>	565-569, 586-600, 632-639, 669-685 , 702- 714, 717- 722 , 807-825, 920-921,
His experience of hitting the bottom and a roller coaster of emotions – making sense of it Suicidal thoughts Making sense of suicidal thoughts / a process	591-600, 601-612, 814-825, 900- 909 , 615-616, 618-632, 897-900, 618-639,
Narratives of strength and weakness Feeling strong / being strong	607-612, 643-647, 934, 953,
A wish to be re-united with her in the afterlife	618-626,

Feeling blinded by darkness, the counsellor provides some light / clarity	646- 652 , 653-656, 691-698, 706-714,
The counselling is a process and a relationship	656-661,
The significance of one to one counselling giving him space to reflect on his experience	664-671, 848-854, 875,
Counsellor reassures him <i>Hope</i>	681-689, 691-698, 702-714, 730-737, 829-833,
Struggle between logical / rational and emotional	672-681, 845-856,
Counselling allowed him to see his experience as idiosyncratic	718-721 , 848-856,
Upon reflection counselling was priceless/ invaluable / pivotal <i>Cannot be measured</i> <i>In what way I don't know</i>	460, 738-746, 1042-1045 741 (methodology) 967-970
Ending the counselling <i>'I'll let you go'</i>	757-762,
Celebrating his daughters life Funeral / one year later <i>Beautiful, colourful, lovely</i>	768-779, 987-995
He feels counselling has helped him feel more robust in time / able to manage his feelings	768-788, 788-794-807- 822-825 , 826- 833 ,
He imagines a life she could have / should have lived <i>'What ifs'</i>	768-814, 833-837,
An overwhelming experience (panic attacks) Embodied – <i>struggle to breath, suffocated, debilitating, grounding</i>	860-874, 876-879, 900-909 , 932, 937,
Feeling being a man made him struggle in a particular / different way <i>For a bloke they're quite alien</i> <i>Uncertainty, lack of acknowledgment, protect, physical difference</i>	876-885, 909-915, 918-919, 941-953, 1048-1060 1059-1064 (my project acknowledges)
How society views man (uncertainty) How others view fathers grief – <i>under-estimated</i>	894-898, 909-915 (validation from other men), 1059-1064 (my project)
Addressing his way of processing emotion and being a man <i>Back burner to addressing / accepting emotions beyond what he can control</i>	900 – 937,

Counsellor encourages him to address his feelings, to not put aside	920-921,
A contrast between conveying strength / bravery and inner pain	928-932, 941-946,
His wife's recovery gave him space to break down	934-937, 952-953,
The <i>same</i> experience in that: ' <i>I've lost my child</i> ' too <i>I'm human, I have emotions</i>	929 1050-1056
His relationship with lost daughter differs to his wife meets with her at grave / does not carry her	1016-1023, 1050-1055
Missing her never end but is easier (through help / counselling / support)	1031-1042

Process Notes

900- 937 (sub theme) – strength vs collapse

Something about how he has been used to being in control and putting things on *back burner* – and in this experience he cannot do that so he re-addresses his whole identity as a man and masculine narratives in the world

I feel an anxiety about getting hold of every aspect / detail, something to do with process with these men of wanting to acknowledge their experience

The difficulty of not expressing the man's anger towards a grieving mother / no space for blame

Forum helps him feel more comfortable about his unique experience and find a masculine identity within his grief, with other *blokes*, and important to have taken part in this research with me that acknowledges *blokes*

Appendix 1c: Clustering Chris's Initial Themes

HIS RELATIONSHIP WITH HIS DAUGHTER - THAT EXISTED, LIVES ON

A desire to meet her	89-92, 98-99, 100-102, 109-111, 112-113, 122-129,
His relationship with his baby through pregnancy, emotionally and physically	99-102, 118-125, 132-133,
A natural / physical relationship that exists Natural instincts Fresh and blood	110-111, 130, 210-216, 285-286,
The significance of a natural childbirth	194-200
A beautiful real baby existed <i>the body</i>	285-286, 241-242, 243-246, 251-252, 288, 298-99,
Engaging / relating with the baby as if she lived (Dressing her) Sort of 'Simple thing'	2
Having time with her	219-252,
He imagines a life she could have / should have lived <i>What if?</i>	768-814, 833-837,
How she exists / is acknowledged as part of the family Christmas, her grave,	237-241, 280-281, 1019-1034 (openly acknowledging her), 1034 'well she is somewhere'
Celebrating his daughters life, Funeral / one year later Beautiful, colourful, lovely	768-779, 987-995
The struggle in letting go / saying goodbye	219-228, 223-224, 259-260, 601-604, 618-626, 692-698, 702-705,
Preserving her memory, holding on to her Photographs Memory box - symbolic of his relationship with her and how she has existed, re-visited	243-246, 251-252, 253-257, 259-291 (memory box), 297-299, 601-604, 692-698, 702-705, (struggle to let go) 1003-1007 (headstone), 1018-1023 (meets her space at grave)
The relationship with the baby 'lives on' (in him)	130, 259-291 (memory box), 285-286, 768-779 (celebrating bday) 1018-1028 (meeting her space at grave) 1029-1034 (Christmas) 1037-1038 (she kicks)
A wish to be re-united with her in the afterlife	618-626,
His relationship with lost daughter differs to his wife meets with her at grave / does not carry her	1016-1023, - <i>idiosyncratic</i> 1050-1055
Feeling that his daughter lost her life, missed out on being in the world	231-232, 518,
Losing the fantasy baby	130-133,

*confusion over what he lost
confusion over who he can be / how to grieve*

(E)

we have different pressures' (loss) - Constraining us within masculine narratives within his identity as a man / particular experience as father (E)

Feeling being a man made him struggle in a particular / different way For a bloke they're quite alien Uncertainty, lack of acknowledgment, protect, physical difference	876-885, 909-915, 918-919, 941-953, 1048-1060 1059-1064 (my project acknowledges)
Masculine Narratives, meaning making around being a man - protect, be strong, helping, being in control 'Cave Man' (70-71) 'blokes' 'opening up'	70-71, 336-339, 388-390, 426-427, 426-436, 436-448 , 563-588, 669-689 , 879-886, 890-898 , 909-915, 918-921, 941-945 , 1055-1059 ,
Addressing his way of processing emotion and being a man Back burner to addressing / accepting emotions beyond what he can control	900 - 937 ,
Ways of protecting himself from his inner despair, by protecting others and at same time feeling responsibility to do this 'Cave Man' role Being a father to other daughter Work / purpose	67-74, 170-185, 188-190, 200-205, 310-313, 324-334, 817-820, 918-919, 941-951
How society views man (uncertainty) How others view fathers grief - under-estimated	894-898, 909-915 (validation from other men), 1059-1064 (my project)

links to his uncertainty about how to be?

links to counselling VALIDATES his experience as normal/natural

Narratives of strength and weakness Feeling strong / being strong	607-612, 643-647, 934, 953,
A contrast between conveying strength / bravery and inner pain	928-932, 941-946,

- Masculine role - protected him as well as kindred him.

EMBODIED EXPERIENCES - feeling loss in body.

Reality hits Hit hard	53-54, 1055-1056,
Hits him, meeting / seeing his baby Physical blow when see's the physicality In aftermath	206-207 867
His experience of hitting the bottom and a roller coaster of emotions - making sense of it	591-600, 601-612, 814-825, 900-909,
Suicidal thoughts	615-616, 618-632, 897-900,
Making sense of suicidal thoughts / a process	618-639,
An overwhelming experience (panic attacks) Embodied - struggle to breath, suffocated, debilitating, grounding	850-874, 876-879, 900-909, 932, 937,
Falling apart	68-69, 76-77,
Surreal / Unreal / Shock	63-65, 86-89, 293-298, 310-311, 982 (unreal)
Dissociated from experience (initially) unable to think 'Oblivion land'	63-64, 86-89, 293-298, 310-311,
Feeling a hole, emptiness, nothing	112-113, 209, 260, 315-322, 325-328, 652-656,
Physical reaction to his emotions during and aftermath (panic attacks)	61-62 (initial shock), 161-162, 206-207, 860, 867-874, 900-902,
Sense / Realisation of the loss	14-15, 21-22, 30-33, 36-43,

ANGER

Feeling angry / rage Not being understood Experiencing hostility in relationships About not being able to help his wife / out of control	271, 277-279, 383-386, 463-475, 493-501 (rage at God's chosen), 525-533, 516-519, 534-539, 752-756, 342-353, 366-372 563-574, 879-886 (others not understanding) 922-928, 1007-1015 (tombstone)
---	---

A PROCESS OF MOURNING

Unprepared	55-58,
A process of change in his mourning / relationship with lost child	271 (angry) - 277 (sad) - 279 (positive) - 281 (unbearable) - 282 (not sadder) - 284, 288 (appreciate) - 290 (nice) - 290 (horrific)
Celebrating her life one year later	768-788
Missing her on holiday	788-794, 799-812-825 (process of mourning changes - can cope) 1029-1038 (laughs at Christmas, it's easier)
Awfulness of the experience beyond anyone's nightmare	108, 113, 209-210, 289-290,
A crappy experience (giving birth to dead baby)	189-191, 203, 768, 933,
Realising death: the miracle of birth	450-455
Carrying on with 'normal life' / Stick to it	304-310,
Some hope for the future, trying to hold on to something positive 'We didn't want this to be, to scar it all'	172-175, 189-196,
Experiencing madness / insanity	277-279, 325-329, 331-332, 367-369, 648-650-652,
How it has changed them	412-416,
Missing her never and but is easier (through help / counselling / support)	1031-1042

CONFLICT / STRUGGLE IN CONCEPTUALISING HIS LOSS - HIS UNIQUE STRUGGLES / PROCESSES THROUGH MOURNING

What is it that is lost? Constructing what is lost and the conflict within this	109, 128-133, 130, 254-291,
Uncertainty about his experience being 'normal' / permissible / different	211-216, 219-223, 226-228, 261-265, 875-876,
Frustration with feeling out of control / helpless unable to help	563-588, 590-612, 669-689, 900-909,
Hiding his inner feelings, conveying 'normal'	174-185, 930-931,
Protecting his feelings / defences	19-22, 30-33, 69-74,
Struggle between logical / rational and emotional	672-681, 845-856,
Witnessing the impact of this loss on others (daughter, midwives, wife)	76-81, 144-151, 166-169, 184-188, 235-241, 280-281,
A difference from his wife in terms of physicality Envy about this other loss	102-108, 314-315, 1052-1055 (envy)
Desire to protect his wife	69-74, 200, 336-339,
The same experience in that: 'I've lost my child' too (Turner) / have emotions	929 1050-1056
Helplessness in his role within the family unit / as husband	336-339,

processing / conceptualising the loss
for himself - similarities + differences
- THE SAME + DIFFERENT EXPERIENCE.

MEANING/RELATIONAL - OTHER RELATIONSHIPS CHANGE
 THE WORLD CHANGES - HIS WAY OF RELATING CHANGES
 HIS RELATIONAL WORLD

Addressing the loss within his relationship with his other daughter: wanting to protect / still be a parent
 His other daughters relationship with his lost child - a sister

134-160, 235-241, 311-313, 945-953,
 235-241, 280-281, 1023-1026,

Looking for blame / desperate search for a reason (implicitly his wife) (himself)
 76-82, 463-475
 516-523
 531-533
 1037-1038 (kicks him where it hurts)

leads to ANGER.

MAN OF NOT BEING UNDERSTOOD

Stress / pain / rage of others not understanding his / their needs
 The loss of support (The system, friends, work)
 247-251, 315-323, 339-373,
 493-501 (rage at God's chosen), 525-533, 534-539,
 972-933,
 1007-1016 (tombstone)

Feeling judged by others / alienated
 Feeling alien?
 339-342,

Impersonalised / detached response to loss by medical professionals
 41-42, 46-49,

Falling out with / creating distance from those that do not understand
 351-377,

Talking to God
 Existential Questions
 13, 304, 450-452-456,
 468-471,
 515-533,
 1016-1023 (where she rests)
 1038

Anger at 'God'

Not meant to be / happen
 Unfair / Unjust
 242, 277-279, 463-475, 525-533, 806,
 979-985,

Shouldn't be doing this
 Feeling she was taken
 516-519,

SUPPORT - OTHERS UNDERSTANDING - his unique experience as father / husband / man

A Unique bond with those who have been through the same experience
 377-412, 436-448,

Meaning of others recognising his experience of loss, giving support (Angel Daddy's)
 274-276, 315-323, 300-302, 377-386, 392-412,
 436-448, 455-460, 487-492, 502-508, 535-559,
 909-915 (Daddy's Angels),
 1008-1016 (Angel Daddy's)
 985-987, 989-999 (losing support / another loss),
 1059-1064 (my project / other bloke)

His wife's recovery gave him space to break down
 934-937, 952-953,

identity needs + masculine roles

Contributing to help others in aftermath
 Something positive
 248-251, 397-411, 412-420,

meaning found.

Meaning making.

ANGER.

Appendix 2: Process Comments after Initial Responses and Themes

Father B

A Grief ignored – by other (GP, wife) , within self

Father C

Conflict and uncertainty about how to be as a man, father, his relationship with his daughter and how she remains in his life.

Father E

900- 937 (sub theme) – strength vs collapse

Something about how he has been used to being in control and putting things on *back burner* – and in this experience he cannot do that so he re-addresses his whole identity as a man and masculine narratives in the world

I feel an anxiety about getting hold of every aspect / detail, something to do with process with these men of wanting to acknowledge their experience

The difficulty of not expressing the man's anger towards a grieving mother / no space for blame

Online support forum helps him feel more comfortable about his unique experience and find a masculine identity within his grief, with other *blokes*, and important to have taken part in this research with me that acknowledges *blokes*

Father F

Conflict within him in terms of being a man / business man and not showing emotion and resentment that this was what was expected of him and his grief is ignored

Other people - reinforced a closed position **(388-395)**

Father G

Not being in control, not knowing what to do, not knowing his role, not know what would happen, uncertainty

Key quotes

508-519 – quote, **519-528**,

607-611 (*that didn't hit me until I actually saw her*) – Two parts of this interview, the uncertainty before he meets her and the realisation when he meets her

A defence / delay in interview in getting to the birth / meeting his baby, he has a break and goes into extensive length about clinical details and pain relief (a way of coping) – ***‘to cut a long story short’*** – paradox

Breaks down in interview – 646

953-972 – whimped out of meeting his baby, there’s your body then there’s your life

1008-1015 – the end of eternity to meet his baby

1545-1555 - *never felt I needed help before, I can reason what I need to do and it’s always worked*

His ordinary way of being doesn’t work this time, has to re-work whole self moving forward

1854-1868 – people didn’t ask him how he was, and didn’t ask about the baby

1869-1885 - *she’s only a person to me, I’m grieving not of the person, loss of the identity we created for her, and the small window of time we had physically, I can’t fault people for not being able to bridge that gap, but I’m still angry that nobody wants to*

This quote brings together – conceptualising what he has lost, the physical, the real the unreal, his grief, and the ways others do not recognise this grief and the confusion within it.

Conceptualising the loss

2202-3304 (*the logical part of me*)-2213 (*I can’t explain it, my logical brain can’t tell you other than that must be what human’s about*) -2223 (*as powerful as somebody that was never here*)

Father H

(972) *on edge* – taken to the edge, life / death, nature

1098-1116 (*memory box, butterflies symbolic – butterfly landed symbolic*) - butterfly in supervision comes into the room and I tell this story. Also am thinking am I strange for making this connection, my rational views collide with my beliefs in meaning and connections. Similarly, with interview C I tell my group how I heard on the radio the song ‘small bump’ on my way to the interview and it felt like a ‘sign’. Then in interview he tells me how he feels his daughter gives him signs although another part of him perceives these as coincidence. Part of the existential confusion when faced with this loss, *meaning within a bleak reality, **fantasy of belief and hope is necessary for us to survive and exist*** (Mitchell)

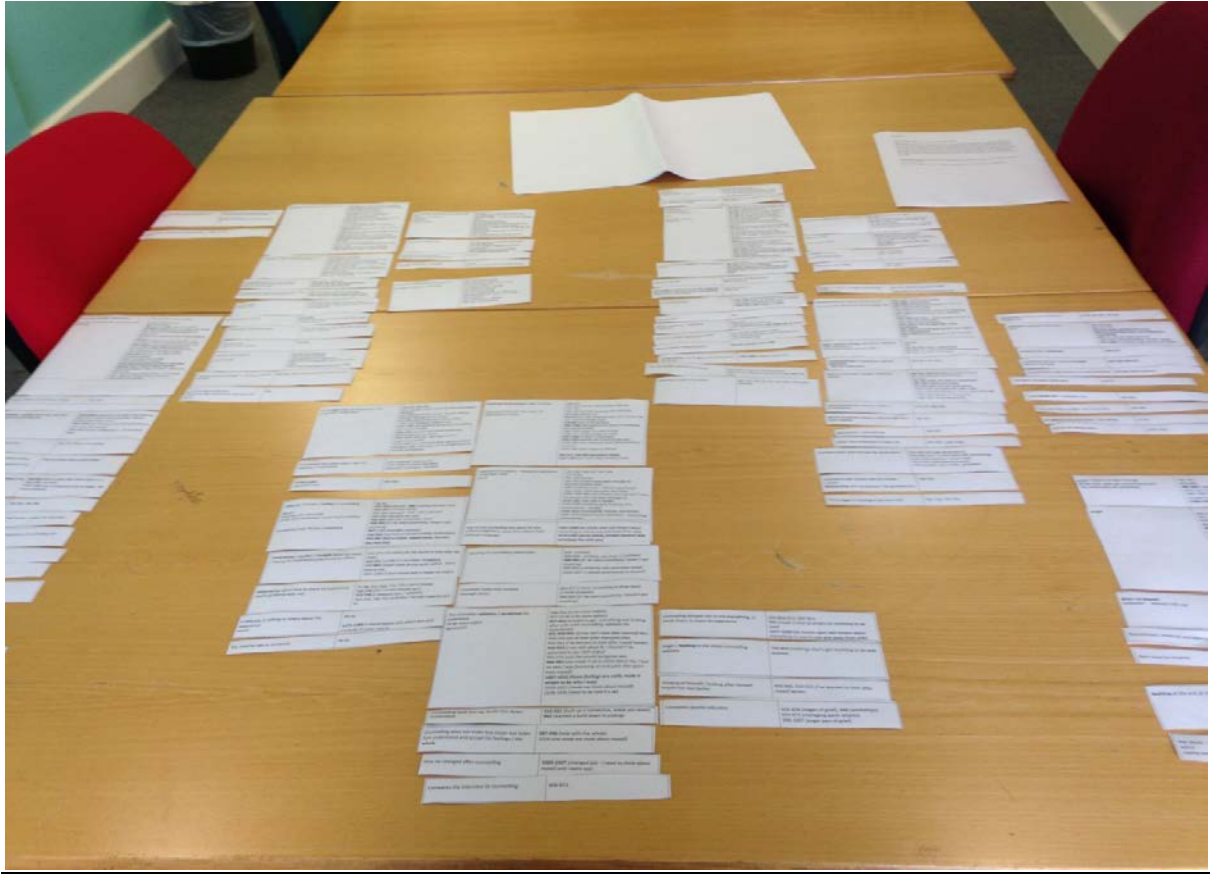
1748-1749 Struggle to know what I’m looking for in the interview, whether he has given enough, he’s been enough?

1750-1752 Struggle to end the interview, long interview do not feel I can cut them off.

Appendix 3: Example of Clustering Initial Themes for First Interview

Embodied	
Physical experience of the loss	42-44
Identification with pregnancy, labour, physical bond, being part of the mother/baby physicality	267-270, 420-431, 435-440, 429-431 ,
The heavy burden of the experience	58
(Shock) Feeling of confusion after the loss, not knowing where you are in the world, not being present	163,
The Shock / Bolt / Blow	155, 163, 195, 294, 296
The hollowness and void experienced because of this loss	77, 173-174, 252, 385, 594-598,
Distancing himself from the experience by theorising about it / hypothesising / not owning (you)	67-71, 76-77, 102-, 141-, 149, 154, 163-164, 268-272, 272-273 , 274, 310-318, 337-338, 387-391,
Fighting the collapse	107-108, 748-751,
Destruction	134-135
His life fell apart / collapsed No ground, floating, cloud	103, 384, 107,
Feeling a lack of structure, base, grounding, knowledge	79, 119, 367,

Appendix 4: Example of Clustering Themes For Final Interview



Appendix 5: Frequency Table for Themes

Theme	Quotes from Text	Found in Therapeutic Process
Relationship with Child: Embodied Relationship	A: 287-291 (<i>became real</i> person) 299-300 (<i>looking at myself</i>) 352-359 (<i>perfect, normal</i>) 420-440 (<i>part of pregnancy</i>)	1157 (group support <i>didn't have any form</i>)
	B: 115-125 (against post mortem) 184-188 (<i>I cut the chord</i>) 193-200 (holding her) 213 (precious time) 485-503 (there through whole process -same and different experience to mother) 1163-1166 (<i>beautiful</i>), 183 (<i>perfect</i>) 1192-1197 (nursing her before funeral) 1205-1212 (<i>I held her</i>) 1225-1232 (held her all night), 1233-1242 (<i>snippets to hold on to</i>) 1258-1265 (<i>felt abandoning her</i>) 1303-1309 (picture her, time we had)	673-677 (nice environment, reminded me of him womb -492) 929-931 (<i>putting the weight of the world on someone else</i>)
	C: 60 (<i>numb, couldn't face it</i> – the body), 127 (<i>didn't want to look / hold her</i>) 139-154 (<i>perfect baby, rock her</i>) 167-179 (<i>changed, cold, post-mortem</i>)	223-235 (counselling validated his guilt for not wanting to hold her)
	D: 37 – excited, adrenaline , going to be a dad 61-62 – ripped my insides out, taken the life out of me 141 – <i>physical presence, holding her, didn't want to let her go</i> 167 – <i>my eyes beautiful, perfect</i> 614 – <i>struggled I didn't carry her</i> 769 – wanted to be with her	502 – comfortable, well heated 588 – process / relationship – like she sat with her arm around me, like a goddess 633 – <i>sparked something off we talked about physical bond – counselling it's ok you had that bond</i>
	E: 99 – <i>even though she is dead I wanted to meet her</i> 118 – poking, awe of human body 206 – hit me when born, kicked in hold her, cut chords, my flesh and blood 219 – six hours, let go of body 286 – <i>beautiful girl</i> 1037 – every now kicks you	691 – glimpses of light - <i>am I getting further away from her</i> 969 – timing of counselling perfect

	<p>where it hurts 1054 – opportunity to carry baby (envy of woman)</p>	
	<p>F: 214- could see the head/hair 298 – spent time –<i>didn't look dead, asleep, hits limited time</i> 322 – stone cold, colour - <i>happening in front of your eyes</i> 785 – ashes 794 – scan, kicking 830 – as a man, not my body / not my breasts 840 – difference not in your body</p>	<p>904 – between me and her, small space of time, possessive</p>
<p>Facing body – meeting dead baby, does not know baby in same way as mother through body, so meeting baby in death</p>	<p>G: 160 – different mother / physical 601 – memory boxes – <i>why would I want to remember, in time now I do see that (after seeing his baby)</i> 611 – hit me when I saw her 644 – hitting me funny, time with the baby- <i>isn't a miscarriage</i> 965, 981 – couldn't face seeing baby – not yet my daughter 1038 – frightened 1062, 1073 – for some reason – daddy's little princess (before met body) 1077 – looked down suddenly that's your daughter – explosion 1104 – <i>had my own little moment, that connection – don't want to leave her, she was perfect</i> 1124 – become a person 1151 – <i>she's beautiful, hair, eyelashes, fingers</i> 1180 – more empowered 1457 – <i>she'd changed, playing with her fingers</i> 2239 – opens tap powerful inside you</p>	<p>1962 – the value of counselling is the talking, that encounter</p>
	<p>H: 75- <i>we go into labor, we've had enough, big kick</i> 238 – regret not bathing him 248 – <i>hold him, see his face</i> 277 - <i>perfect</i> 281 – <i>grateful for the time</i> 288 – <i>didn't think I'd be able to hold him / interact</i> 303 – <i>everything I'd ever wanted it to be</i> 305 – <i>just me and him, our moment</i> 325 – 45 minutes 345 – <i>huge hands</i></p>	<p>875 – <i>got my counselling in three days (holding / containment)</i> 919 – <i>build up connection, break you down</i> 959 – lost a crutch, ripped away, wasn't a build down, let's bed you into this 975 – <i>not breathing, not getting oxygen</i> 1581 – a secret friend, a private</p>

	<p>504 – <i>talk about him all day - 912, 1476 -every inch, he was absolutely perfect</i></p> <p>732 – <i>beautiful</i></p> <p>1067/ 1072 – <i>hands, nose</i></p> <p>1126 – <i>holding him, spending all that time together, memories perfect,</i></p> <p>1237 – <i>how strong my son was to get to 42 weeks, makes me so proud everyday</i></p> <p>1387 – <i>spent 9 months with him, talked to him, 10 months of emotion</i></p> <p>1468 – <i>his hands, know every inch of his body, everything about him - only so long you can talk about a dead child to put in blunt terms</i></p>	<p><i>moment – like the time with B, deepest darkest to a stranger – weird</i></p>
--	--	---

Theme	Quotes from Text	Found in Therapeutic Process
<p>Relationship with Child:</p> <p>Holding on</p> <p>Symbolic representations of the life / body of their child / relationship</p>	<p>A:</p> <p>304 (<i>difficult to let go of body</i>)</p> <p>452-456 (<i>not object, a person</i>)</p>	
	<p>B:</p> <p>105-111 (<i>horrible leaving</i>)</p> <p>216-225 (<i>took home memory box</i>),</p> <p>290-295 (<i>I wanted to talk about her</i>)</p> <p>570-579 (<i>ashes at home in teddy urn</i>)</p> <p>579 (<i>photos</i>)</p> <p>597-600 (<i>in sky, balloon, memory box</i>)</p> <p>611-617 (<i>in here (self) guilty when forget</i>)</p> <p>888-900 (<i>hold on to that thought, I will see her again</i>)</p> <p>1167-1175 (<i>the photos we kept</i>)</p> <p>1216-1222 (<i>photographs</i>)</p> <p>1258-1260 (<i>felt abandoning her</i>)</p>	<p>434-446 (<i>meaning of counselling relationship, could talk about afterlife</i>)</p> <p>617-627 (<i>counsellor said she will always live on</i>)</p> <p>800-809 (<i>daft stuff like afterlife, I'm going to be re-united with my daughter</i>)</p> <p>816-849 (<i>re-assures about photo on phone</i>)</p>
	<p>C:</p> <p>143 (<i>chaplin, prints</i>) 161 (<i>cannot put nightmare behind</i>)</p> <p>506 - <i>balloons</i></p> <p>831- <i>she's a star</i></p> <p>837 – <i>tattoos</i></p> <p>853 – <i>black and white, deterioration too obvious</i></p>	

	D: 454 – <i>nightmares – she was alive</i> 725 – visit grave 733 – I will be with her again (afterlife) 769 – wanted to be with her 919 – <i>picture on wall, physical</i> 938 – unattended gravestones 949 – embrace her	
	E: 224 – <i>not let go</i> 242 – photographs, camera 254 – memory box, keeps sake – <i>she's still in there (286)</i> 620 – <i>maybe I'd like to see her again</i> 1003 – visit grave	691 – glimpses of light - am I getting further away from her- letting life back in 841 – <i>nothing's going to change</i>
	F: 785 – ashes on mantelpiece	
	G: 601 – memory boxes – <i>why would I want to remember, in time now I do see that (after seeing his baby)</i> 1107 – <i>don't want to leave the baby</i> 1288 – <i>I'd like to take her home</i> 1290 – memory box, pictures 1303 – raw resolution 1333 – finger prints, jewelry 1342 – <i>don't want to leave yet</i> 1358 – <i>didn't want to leave – <u>limbo</u> – <u>can't go on indefinitely</u></i> 1392 – goodbyes 1395 – <i>artificial / reality of it</i> 1409 - charm and blanket back 1415 – <i>doesn't make sense, just didn't want to leave, holding her</i> 1447 – <i>strange – went back to see her again</i> 1575 – email address <u>They are safe</u> – 1580, 1633	
	H: 316 – photos 323 – <i>don't want to remember him in any other way than perfect – said goodbye</i> 700 – <i>he's so perfect – 711 – never done anything wrong</i> 1076 – see him at grave 1091 – birthday, butterfly farm, butterfly landed, special meaning (in his home butterflies, in supervision butterfly) 1426 – snowed on mother's day – B messing around, snow 1440 – wrapped him in my jacket – always be with you comforting, I know he's warm – presents / gifts 1490 – <i>still got his clothes</i>	917 – <i>remember who I was</i>

Theme	Quotes from Text	Found in Therapeutic Process
Relationship with Child: Existence	A: 106 (<i>proud of you</i>) 319 (<i>children would want us to have a life</i>) 369 (<i>this is the world</i>) 444-466 (<i>invested love before birth, same as other children</i>) 880-889 (positive memory) 452-456 (<i>not object, a person</i>) 891-893 (<i>emotional</i>) 895-902, 912-927 (guardian angel)	
	B: 100-111 (<i>same process, first nurse</i>) 225-234 (<i>didn't want to leave her</i>) 236 (<i>abandonment</i>), 276-280 (<i>first bday</i>), 536-540 (<i>wanted to shout from rooftops</i>) 541-546 (<i>three children</i>) 597-606 (<i>part of family – balloon in sky</i>) 611-617 (<i>in here (self) guilty when forget</i>) 617-627 (<i>think of her alive, she'll always be there</i>) 962-968 (<i>never replace D</i>) 1143-1150 (<i>still part of our lives, she's in here</i>)	434-446 (meaning of counselling relationship, could talk about afterlife) 617-627 (<i>counsellor said she will always live on</i>) 947-955 (<i>once I started brought relationship into room, brilliant</i>) – brings light / life to experience 1287-1296 (counsellor says you will always think about her)
	C: 792 – snow , she knew 807 – running 860 – father's day	203 (<i>counselling sessions re-live feelings</i>) 438 (counsellor brilliant)
	D: 8, 50 – preparing, <i>build up</i> 140 – christened 350 – wanted to carry her down aisle, giving my daughter to God 673 – <i>not a day goes by when I don't think about her –</i> always something missing 723 – part of the family 908 – <i>very big part of my life. There's something missing</i> 949 – we talk about her, embrace her, although not physical part of our group	570 - help shows improvement, the situation will never improve- loss will always remain
	E: 238 – sister met her 620 – <i>I'd like to meet her</i> 768 – celebration of her birthday 792 – holiday harbour – <i>cracked me up</i> 835 – <i>what ifs</i> of her life 1034 – she is somewhere / 286 – still in there	691 – glimpses of light - am I getting further away from her – letting life back in 838 – counsellor reassures <i>what ifs are natural</i> 1042 – counselling pivotal in helping them exist and live on
	F: 794 – protective Dad 813 – different bonds with sex from	901 – would be giving away something private between

	<p>pregnancy 818 – walk her down the aisle 835 – visualise little girl</p>	<p>me and her to a stranger</p>
	<p>G: 44 – planning 1062, 1073 – for some reason – daddy's little princess (before met body) 1104 – <i>had my own little moment, that connection – don't want to leave her, got see your mum, become a person</i> 1230 – <i>I'm going to wash her – took my baby for a bath</i> 1288 – <i>I'd like to take her home</i> 1574 – email address – take real care, from Daddy, to the person - <i>They are safe</i> – 1580, 1633 1865 – <i>I want to tell people about her, proud</i> 2270 – always be small / significant part of our lives 2329 – <i>go on forever</i></p>	<p>1574 – need to relate, email address 1977 – <i>maybe still need it, maybe always will</i> (counselling) 2255 – never goes away, deal with it</p>
	<p>H: 164 – <i>whole plan</i> 325 – 45 minutes – <i>we would... we talked about sport</i> (present tense) – 355 - he was alive – father son having a chat 499 – <i>talk about him in perfect way</i> 504 – <i>talk about him all day, every inch, he was absolutely perfect (embodied)</i> 559 – <i>still lost my son, still brother,</i> 705 – <i>struggle with second baby</i> 1065 – <i>smile when think about my son, hands, nose</i> 1074 – see him (at grave), we have a chat – peaceful 1088- <i>birthday – day was brilliant –</i> butterfly farm 1122 – <i>fun, no bad memories of my son,</i> 1220 – <i>he's made a massive impact (charity), makes you proud as a parent</i> 1237 – how strong my son was to get to 42 weeks, makes me so proud everyday, good lad he really fought 1397 – <i>brilliant day, snowed, wanted to bring him home, where you live, fond memories,</i> 1460 – <i>funny moments at grave (not the same) –</i> 1493 I'm still making memories with him 1502 – <i>don't want him to be forgotten, want to talk about B</i> 1550 – <i>still are a parent but you don't stop wanting to be</i> 1698 – <i>I'll go and see him</i></p>	<p>923 – <i>don't think she'd be able to pick me out of a line-up, hard to think, feel like you have a friend, trust</i> 949 – in my head – what did it mean, recognise me?</p>

Theme	Quotes from Text	Found in Therapeutic Process
Relationship with Child: Loss ‘wouldn’t wish it on my worst enemy’ Other losses / whole self	A: 76-79 (<i>hollow</i> , no structure), 81-84 (<i>conceptualising loss, hopes and reality</i>) 106, 174 (void) 281-285 (<i>nothing</i> you can do) 359-370 (never have to go through life) 384 (<i>entire world swept away-emptied</i>) 473-480 (what is lost?) 564 (loss was genuine) 936-939 (<i>nothing to fill pram</i>) 1193-1194 (<i>this is a killer</i>)	173-174 (<i>waiting for someone to fill the void</i>) 247-253 (<i>void</i> in support) 325-338 (<i>Sands kept that alive, odd, ok to have memories</i>) 594-598 (<i>non-committal/ mean anything</i>) 942-954 (group: weren’t alone -not just me) 844/951 (isolated / not alone - group)
	B: 631-639 (never saw her eyes) 737 (<i>robbed</i> of privilege) 984-989 (robbed) 993-1001, 1004-1016 (privilege) 1018-1032 (not knowing, lost reason)	434-446 (meaning of counselling relationship, could talk about afterlife) 921-923 (<i>haven’t spoken since</i> – loss in therapy) 954 (<i>your times up</i>)
	C: 60 (<i>numb, couldn’t face it</i>) 303-322 (opportunity at life) 662 (<i>then wasn’t there anymore</i> – after charity event) 675 (work <i>meaningless</i>) 777 – on your own	438 (counsellor brilliant) – dark place 668 454-476 – talked about his life beyond loss, all of him
	D: 142, 176 – <i>taken</i> 227 – <i>couldn’t comprehend - just material</i> 262 – <i>not come home with anything</i> 288 – <i>dismantling</i> everything 318 – sadness as a couple 390 – <i>couldn’t celebrate her life</i> 541 – guilt, could have saved her 625 – not miscarriage 673 – <i>not a day goes by when I don’t think about her</i> – <i>always something missing, 911</i> (788 – other losses, traumas with other children, faced losing partner)	570 - help shows improvement, the situation will never improve- loss will always remain
	E: 112 – <i>huge gaping hole</i> 209 – <i>nothing</i> 322 – people went back 326 – <i>couldn’t stand doing nothing</i> 620 – <i>I’d like to meet her</i> 652 – <i>the whole everything just too dark, nothing made sense</i> 792 – holiday harbour – <i>cracked me up</i> 996 – dark period everyone’s gone	632 – feel better <i>equipped, tools</i> , explained processes (<i>containment</i>) 650 – made sense 683 – you haven’t lost everything 762 – <i>I’ll let you go</i> (ending in counselling) 793 – <i>couldn’t ring up me counsellor</i>

	<p>F:</p> <p>165 – there was <i>nothing</i> (midwife), sterile</p> <p>212 – <i>nothing, no noise</i> – alive then nothing</p> <p>317 – <i>heartbreaking</i> – taking her away</p> <p>737 – <i>can't blame anyone</i> – stark emotion</p>	
	<p>G:</p> <p>140 – grief beyond other losses</p> <p>155 – still had her</p> <p>291, 293 – nothing's going to happen</p> <p>369 – only thing got a hold of, feel completely isolated</p> <p>411-414 – nothing happening</p> <p>513 – nothing to hold on to</p> <p>890 – lost, failed, nothing I can do</p> <p>1873 – <i>only a person to us, loss the identity we created for her, and window of time (conceptualising his loss) – 2199 – most traumatic, lost parents, should be able to move on – haven't lost, we did lose seven months</i></p>	<p>Finding his way to counselling:</p> <p>1562 – this is dead - support forum 1558 – nothing existed, no community</p> <p>1860 – <i>if she'd been born alive people would have asked about her</i></p> <p>2285 – no magic tablets - acceptance</p> <p>2287 – ending in counselling – what did they mean to each other in counselling relationship</p>
	<p>H:</p> <p>139 – mothers noise (intergenerational loss)</p> <p>216 – nothing at end of it</p> <p>562 – <i>still lost my son</i></p> <p>671 – <i>throwing away years of your life</i></p> <p>676 – dead behind the eyes, lost their grandson and me (lost in himself)</p> <p>696 – <i>don't want B don't want anyone, killed me</i></p> <p>723 – <i>chance to be a full Dad</i></p> <p>759 – <i>everything just felt dark</i></p> <p>1462 – <i>not the same, I've missed that</i></p> <p>1478 - only so long you can talk about a dead child to put in blunt terms</p>	<p>799 – first two sessions nothing, not about son</p> <p>823 – light, 922 – brilliant</p> <p>877 – abrupt ending, <i>cutting you lose, nothing more I can do, - 924 – hard to think about, without warning</i></p> <p>945 – haven't got anything, stranded, isolated – 959 – lost a crutch – ripped away</p> <p>1610 – <i>abrupt ending little insensitive</i></p>

Theme	Quotes from Text	Found in Therapeutic Process
<p>Relationship with Self:</p> <p>The Embodied Self</p> <p><i>Falling Apart</i></p> <p><i>Hitting Home</i></p>	<p>A:</p> <p>155 (shock) 294 (blow)</p> <p>79 (<i>structure base</i>), 103 (<i>collapse</i>), 195 (bolt)</p> <p>384 (entire world swept away - emptied)</p> <p>802-805 (empty, pointless, shook me to the ground)</p>	<p>157-163 (<i>hand that holds you</i>)</p> <p>974 (<i>full of - outlet</i>)</p>

	1132-1141 (detached, spaced out, no sleep / tired)	
	B: 89-94 'whirlwind' 361-370 (<i>hit me</i> , sick) 506-515 (<i>hit a brick wall</i>) 715 (<i>rollercoaster</i>)	
	C: 60 (<i>numb</i>), 85 (<i>overpowering</i>), 34 (<i>breaking down</i>), 90 (<i>broke down</i>), 119 (<i>felt every contraction – different pain in labour</i>) 210 (<i>still mask it</i>) 235-240 (one day it will hit) 261 (hit) 395-400 (<i>struggle to sleep/eat</i>) 564 (sick phobia) 631 (anti-sickness meds) 657 - tired 679 (<i>didn't feel well</i>) – 682 (<i>physically</i>)	203 (<i>counselling sessions re-live feelings</i>) 207 (midwife says might hit) 558 (CBT for phobia)
	D: 47 'the bomb hit' 'bottom fell out of my world' 411 – <i>roller coaster</i> 414 – <i>hit home</i> 419 – not sleeping, losing weight, <i>mess</i> 695 – <i>tough</i>	502 – comfortable, well heated
	E: 61 – <i>surreal, outer body experience, everything falling apart</i> 641 – panic attack 792 – holiday harbour – <i>cracked me up</i> 814 – sometimes <i>puts a big weight in your chest</i> 860 – <i>suffocated, hit me</i> 900 – <i>frightening panic attacks- rollercoaster</i> 1037 – kicks you where it hurts 1055 – we get hit	475 – counsellor says body's emotionally lockdown 590- need to hit the bottom- rollercoaster 641 – tools for panic attacks 843 – don't anticipate being <i>hit</i> by event – here and now 875 – counsellor helped with <u>grounding</u> yourself
	F: 249 – dissociated from body, <i>I'm in the sky looking down</i> 312 – hits limited time 457 – everything's a war all the time 486 – hits you again 758 – can't breakdown	867 – <i>didn't feel there was any direction</i>
	G: 63 – bang 95 – hit me (go through birth) 121 – hit me, breakdown, crashed	

	138 – <i>rocked me</i> 320 – <i>breakdown, hit by a train, crash,</i> 316/ 511 – roller coaster <i>nothing to hold on to</i> 404 – <i>pop - anger</i> 165, 919, 469 – <i>torture</i> 679 – hit me 683 – jigsaw puzzle can't fix – rubix cube blow up – gave up came into the room 1038 – <i>broke down</i> 1165 – <i>ripped me in two</i> (witness to partner holding) 2239 – opens tap powerful inside you	706 – talked with therapist lady – <i>threw me</i>
	H: 110 – <i>weird, don't think it kicked in</i> 127 – my body was saying to me, mechanism to stop me falling over 130 – hit home 170 - <i>meltdown</i> 407 – <i>blur body switches off</i> 414 – <i>flooding back</i> 857 – <i>panic attacks, built up</i> 1050 – <i>relief in sleep</i> 1637 – <i>my body went no</i> 1674 – <i>my body's taken me through months, my body let me know, get tired</i>	865 – <i>worksheet – panic attacks</i> 959 – lost a crutch, ripped away, wasn't a build down, let's <u>bed</u> you into this 975 – <i>not breathing, not getting oxygen</i>

Theme	Quotes from Text	Found in Therapeutic Process
Relationship with Self: Masculine Self	A: 196 (<i>bloke – not prepared</i>), 199-203 (<i>not stoic, needed to be strong</i>) 281-285 (nothing <i>you can do</i>) 510 (<i>I got her pregnant, responsible</i>) 688-694 (<i>working</i>) 787, 810 (nothing <i>I could do</i>) 829-849 (<i>some men soft, expectations on men, felt part of baby process</i>) 1031-1044 (<i>felt couldn't support wife</i>) 1100-1111 (<i>as bloke had to carry on, carry things inside</i>) 1116-1124 (<i>job</i>)	397 (<i>counselling wasn't progressive</i>) 1100 (<i>struggle to see what we were talking about because biggest problem was just getting on with life</i>)
	B: 159 ' <i>carry on</i> ' 303-309 (<i>job to keep family together, go back to work</i>)- 310-316 (<i>neglecting myself</i>) 319-323 (<i>support wife</i>)	324-330 (<i>support groups together</i>) 333-342 (<i>support groups for women, went to support wife</i>)

	<p>401-413 (GP), 447-453 (GP, <i>every guys different, some blokes are big softy's</i>) 506-515 (<i>trying to be strong</i>) 1055-1068 (strong enough) 1311 (hard for Dads)</p>	<p>350-355 (wanted to talk in depth) 412 (desire for 'private' counselling) 866-870 (how I was helping wife and child) 929-946 (one to one better for him than group of women) 882-883, 958-960 (<i>didn't feel I needed to see him after 3</i>)</p>
	<p>C: 77 (<i>guilty, people look to male to protect</i>) 93 (<i>couldn't protect / mother nature</i>) 113 (<i>bloke through labour</i>) 247- (carry her into funeral) 494 – <i>trying to protect</i> 640 (<i>no control over myself</i>)</p>	<p>400 (<i>looked to the bloke</i>) 467-477 (<i>not my loved ones, easier to open up</i>) 481-492 (<i>didn't want to cry, less of a man? being strong</i>) 714 – control</p>
	<p>D: 106 -138 <i>be strong, father, just wanted a hug, couldn't release</i> 268 – hardest telling people 530 – <i>think before I open my mouth, strange for a bloke to say</i> 553 – <i>I was the man, I didn't do my job</i> 691 – <i>sound like my Dad, role your sleeves and deal with it</i></p>	<p>533 – <i>counsellor could say exactly how I was feeling, aggression, frustration, guilt</i> 556 – <i>a lot of the help based around that</i></p>
	<p>E: 70 – <i>cave man, protect</i> 182 – <i>got to help / heart breaking</i> 388 – <i>blokes</i> 426 – <i>blokes aren't best for opening up</i> 563 – <i>couldn't fix wife, out of control, duties in the family</i> 880 – <i>for a bloke - alien</i> 890 – <i>manual for a bloke – strong, we're human, control</i> 918 – <i>protect, brave face</i> 941 – <i>wrap it up</i> 1048 – <i>we are an integral part – our issues, pressures</i></p>	<p>565 – made me understand she's on her own journey 586- need to let them</p>
	<p>F: 26 – <i>you're the man, be strong</i> 257 – <i>I'm typical man – keeping emotions back</i> 388-reinforced men shouldn't show emotions – 421 – <i>male leader of group – avoided talking about it</i> 482 – <i>work can control</i> 714 – <i>mask emotions considered weak as a man with anger</i> 722- <i>perceptions hit you – should be strong</i> 758 – <i>my job be strong</i> 772 – <i>my perception and society's expectation of paternal / maternal</i></p>	<p>634 – <i>semi-skeptical about counselling – didn't give enough of myself</i> 643 – <i>lack of focus, skirting, feeling about what?</i> 722 – <i>hits you in face people don't think you need grief counselling</i> 897 – <i>my problem should be down to me to sort it out</i></p>

	<p>804 – prepare his son to be strong 822 – 832 not my body- 840 – difference not in your body</p>	
	<p>G: 117 – I phoned 203 - as the bloke not exist 354 – trying to be strong – can control how I behave but can't change outcome – isolation 515 – no function.. nothing to offer 563 – masculine stereotypes – softy, tough (book)</p> <p>1974 – guys, the guy that gets it done 2030 – guy expected to get on with it – in communities – women open to it</p>	<p>1640 – dismissed counselling, not weak 1664 – phoned Samaritans not because I needed help – work voice 1726 – didn't ask PA for counselling number because it's a weakness, business like 1767 – struggled with it because sign of weakness, helpless 1955 – counselling good, would never had sought it out, 1974 – guys wouldn't have gone to find that person to talk it through with 1985 – still look at it as a sign of weakness 2112 – don't call it coun, drag more guys along 2131 – not enough counselling for blokes, negative, change awareness 2138 – denied counselling at work, weakness, embarrassed 2172 – hypocrite – not ashamed to guys in forum, not to other people (admit counselling)</p>
	<p>H: 63 – us blokes get in the car 139 – I rang 186 – be strong for your wife in labor 737 – want to be there, don't want to break down (second child) 827 – bloke want to make problems go away for everyone else - job 1268 – police officer, tough, not have emotions, 1316 – this lads coming 1353 – off work, opinion you're weak 1364 – still the B thing, tell him to man up, you need to get over this 1372 – harder for women, but my God not easy for me 1579 – Sands fathers just get over it 1618 – I'm supposed to be strong, weak, wasn't worthy 1648 – guy I looked up, gave me green light to think it's ok I'm not weak</p>	<p>414 – GP would like to take you for a beer 784 – don't need help, no I'm a bloke 817 – need to be more selfish, need to look after yourself before you can look after anyone else/ 840 (partner)- 823 - light 833 – you've been talking about other people, do something for me 1270 – counselling judged in police force, taboo, mental health 1557 – couldn't say things to my wife, trying to be strong, totally open and honest, 1638 – not embarrassed, would recommend it to anyone, doesn't mean I'm weak- people need to be told it's ok</p>

Theme	Quotes from Text	Found in Therapeutic Process
Relationship with Self: Uncertainty / confusion Wreckage Mess (What is lost? How to be?) Anger	A: 31-32, 147 (odd), 149 (peculiar), 163 (<i>day or night</i>) 334 (<i>odd, spooky</i>), 328 (<i>kept that alive</i>) 375-382 (<i>not quite sure, dream thing</i>) 473-480 (what is lost?) 585 (<i>shallow experience</i>) <u>918-927</u> (<i>odd, conceptualising loss – can he help?</i>) 981-985 (<i>no logic anymore</i>) 1004-1007 (<i>completely lost</i>) 1045 (<i>what have we talked about</i>)	157-163 (<i>comforting hand that holds you</i>) 325-338 (<i>Sands kept that alive, odd, ok to have memories</i>) 348 (group - mese) 594-598 (<i>non-committal/ mean anything</i>) 942-954 (not just me) 969-970 (comfort being listened to) 970-978 (<i>non-committal, lack of direction</i>) 1004-1007 (<i>looking for more</i>) 1051-1063 (confused / wreck so wasn't <i>taking on board</i> therapy) 1125-1128 (everyone needs some help there isn't a guidebook)
	B: 56-57, 69, 'funny' 148-155 (not having a reason), 181-183, 485-503 (<i>there through whole process -same and different experience to mother</i>) 652-653 <u>sorry if I don't explain myself clearly</u> 743-757 (<u>why?</u> <i>Jealous, shouldn't be</i>) 715 (<i>rollercoaster</i>)	434-446 (meaning of counselling relationship, could talk about crazy things) 770-779 (<i>it's ok to feel that way, rollercoaster</i>) 800-809 (<i>daft stuff like afterlife, crazy to him I'm going to be re-united with my daughter</i>) 851-870 (<i>counselling reassured his process and helped straighten out his thoughts</i>) 904-925 (without counsellor worse state)
	C: 93 (<i>couldn't protect / mother nature</i>) 100 (bizarre), 137 (<i>mental mess</i>) 155 (<i>totally lost, nightmare</i>) 186 (<i>coping strategy to charity-probably wrong</i>) 198 (<i>never faced up to it</i>) 210 (<i>still mask it</i>) 309 (<u>why?</u>) 502 – can of worms 684 – <u>Am I a messed up case?</u>	203 (<i>counselling sessions re-live feelings</i>) 223-235 (counselling validated his guilt for not wanting to hold her) 454-462 (<i>whole range of things – jigsaw</i>) 582-586 (<i>wanted to try and sort my head out</i>) 608-617 (counselling should be free/should stick with one) 692-701 – helped me accept/ get order back 714 – open my eyes, link, control
	D: 84 – <i>surreal</i> 188- <i>struggle - question own faith</i> 199 – <u>angry - why us?</u>	502 – warmth, comfort 580-587 – without counselling I would have

	<p>420 – <i>mess, things started to happen in my mind</i> 454 – <i>nightmares – she was alive</i> 614 – <i>struggled I didn't carry her</i> 623 – <i>not miscarriage</i> 746 – <i>suicidal thoughts in past</i></p>	<p>lost it 596 – goddess, superhero, rescued me</p>
	<p>E: 329 – <i>driving me crazy, insane</i> 467 – <i>angry didn't have answer, if there's a God why?</i> 615 – <i>what's the point – couldn't see wood for trees</i> 652 – <i>insane</i> 863 – <i>all consuming, struggle to breathe</i> 982 – unreal</p>	<p>482 – <i>someone saying that's normal</i> 590- need to hit the bottom 632 – feel equipped - tools, counsellor explained process 645 – <i>tools / made sense</i> 669 – <i>talk deeper, being out of control</i> 683 – you haven't lost everything 725 – made us feel normal</p>
	<p>F: 140 – <i>don't know why (midwife)</i> 156 – <i>confused, 178 – for whatever reason</i> 257 – <i>weird</i> 298 – <i>spent time -what's normal, weird</i> 440 – <i>want to acknowledge child but awkward for others</i> 785 – <i>ashes, might sound weird</i></p>	<p>634 – semi-skeptical about counselling – didn't give enough of myself</p> <p>643 – lack of focus, skirting, feeling about what? 868 – didn't feel there was any direction / end goal</p>
	<p>G: 88 – <i>how do I react?</i> 159 – <i>different bond</i> 176 – <i>uncertainty</i> 247 – <i>not in control, 285 – process doesn't seem to be in control, 379 – completely unable to control</i> 418 – <i>can't rationalise / clinical, some kind of control</i> 455 – limbo 451, 453 – <i>nothing</i> 508 – <i>overwhelmed</i> 316, 511 – roller coaster- nothing to hold on to 683 – jigsaw puzzle can't fix – rubix cube</p> <p>841 – <i>turmoil over new midwife, threw me</i> 890 – lost, helpless, felt like I'd failed - as baby arrives 1014 – <i>no idea what we're supposed to do (meeting baby)</i> 1216 – <u>anger / unfair</u> 1096, 1241 – <i>don't know if supposed to, picked her up / bath</i> 1261 – <i>nappy – I've failed at this</i> 1310 – <i>awkward, are they judging?</i> 1345 – <i>bizarre, weird, worry about bigger picture</i> 1556 – <i>need guide / manual -</i></p>	<p>1664 – <i>phoned Samaritans not because I needed help</i> 1698 – <i>does this guy think I was a nutter, I'm not crazy</i></p> <p>1823 – <i>you can't beat someone at grief, you have to give up the notion you're going to get the answers</i></p> <p>1977 – <i>wouldn't have known, maybe still need it, maybe always will</i></p> <p>2101 – <i>four or five hours (how much did he need, not grief counselling)</i></p> <p>2240 – accepting, it's human, isn't weird</p> <p>2287 – <i>ending in counselling – what did they mean to each</i></p>

	<p><i>don't know what to do</i> 2199 – should be able to move on, never alive, logic, felt uncomfortable with grief- we lost seven months, opens a tap powerful inside you (embodied)</p>	<p>other in counselling relationship (parallel his struggle to grieve for daughter and accept the meaning of her life)</p>
	<p>H: 170 – meltdown, <u>anger, who's to blame</u> 367 – everything went through my head, thought about killing myself – the world owes me something 444 – through a glass, no idea why – 469 - anger with myself 645 – struggled with that in my head, devil/angel (relationships with others) 651 – conflicting 740 – <u>do I sound really messed up?</u> 759 – everything just felt dark 1060 – little insane</p> <p>1423 – made noises no human should make- weird</p> <p>1731 – I don't think if there was a God he would do this, why me, struggle with you don't deserve it</p>	<p>432 – counsellor took me through stages of grief – <i>angers in there</i></p> <p>749 – counsellor said be more selfish</p> <p>809 – couldn't stop crying, angry</p> <p>823 – light 915 – struggle to remember who I was, build up connection (what did the counselling relationship mean?) 948 – thought genuinely cared / rubbish / would recognise me</p> <p>1004 – what ifs, blaming hospital, allowed to feel angry</p>

Theme	Quotes from Text	Found in Therapeutic Process
<p>Relationship with Self:</p> <p>Change and Meaning in time</p> <p>Change in Self / Search for meaning (existential)</p>	<p>A: 281-285 (accept reality) 308-317 (still emotional – does it go on forever) 392-395 (we're <i>humans</i>) 563-570 (part of me still sad) 787-797 (<i>changed me, more sensitive and stronger</i>) 798-809 (meaning/lesson) 817-825 (<i>not that big – existential meaning</i>) 865-875 (will I always feel bad? Let go of anger)</p>	<p>577 -585 (group -stir up the mud again) 594-598 (<i>non-committal/ mean anything</i>) 1181-1186 (<i>didn't need a mirror, wanted future</i>)</p>
	<p>B: 144-155 (not having a reason) 716 (<i>not supposed to bury child</i>) 721-739 (<i>jealous, anger, robbed</i>) 743-757 (<i>why? Jealous, now nurse other babies</i>) 759-764 (<i>why us?</i>) 888-900 (not religious before)</p>	<p>434-446 (meaning of counselling relationship, could talk about afterlife)</p>

	<p>C:</p> <p>270 (<i>supposed to outlive your children</i>)</p> <p>325 (<i>jealous</i>)</p> <p>340-366 (cancer club, changed me as a person)</p> <p>369-377 (job in charity)</p> <p>505-516 (<i>shouldn't be</i>)</p> <p>668 – dark place, meaningless</p> <p>735 – tragic into positive</p> <p>741 – my job to help someone mentally</p> <p>754 – faced over time</p> <p>821 – co-incidences, I don't know what I believe after death (can of worms - 502) - 827- star</p>	<p>454-476 – talked about his life beyond loss, all of him</p>
	<p>D:</p> <p>220 – attitude changed, changed jobs, just material</p> <p>244 – <i>use that anomaly – nothing worse, I've been somewhere a lot worse</i></p> <p>673-705 – <i>roller coaster – going to be times when I am going to find it difficult, life is hard, tough</i></p> <p>706 -721– positive, totally there for my kids</p> <p>792 – scars</p>	<p>564 – the guilt is always going to be there – 570 - help shows improvement, the situation will never improve</p>
	<p>E:</p> <p>467 – Angry didn't have answer, if there's a God why? Have I changed?</p> <p>515 if there is a God</p> <p>615 – <i>what's the point – couldn't see wood for trees</i></p>	<p>475 – <i>counsellor said no your body's gone into one big lockdown, that's normal</i></p> <p>590- need to hit the bottom- rollercoaster</p> <p>632 – feel equipped - tools, counsellor explained process</p> <p><u>737</u> – realised counselling priceless – learned something about therapeutic process</p> <p>832 – <i>thinking of the positives from counselling</i></p> <p>848 – <i>be more spontaneous</i></p>
	<p>F:</p> <p>82 – changed me</p> <p>357 – donated organs - <i>clawed something good</i></p> <p>448 – happy and anger since happened</p> <p>457 – everything's a war all the time</p> <p>525 – <i>just feel angry / revenge</i></p> <p>540 – <i>impossible to say how it affects you – unhealthy anger</i></p> <p>700 – anger relief, masks other emotions, don't have any empathy anymore</p>	<p>657 - mamsy pamsy, became so skeptical</p> <p>697 – too angry for anyone to make a difference</p> <p>866 – get me back to the person I was before</p>

	<p>G:</p> <p>134 – <i>learned reacted in ways never expected</i></p> <p>1534 – I wasn't myself – shock, isolated, <i>never needed help before</i>, I can reason – it's always worked</p> <p>1945 – judgmental – <i>natural thing</i> (baby in bag)</p> <p>1991 – <u>a new empathy (for others, for himself, through counselling)</u></p> <p>2008 – <i>snapped in me</i> – anger in shop – <i>out of character</i></p> <p>2276 – less frequent emails</p> <p>2307 – given me, positives, strength, a gift</p>	<p>1534 – finding way into counselling</p> <p>1709 – what is counselling?</p> <p>1823 – <i>you can't beat someone at grief, you have to give up the notion you're going to get the answers-</i></p> <p>1903 <i>reached acceptance never gonna get the certificate</i></p> <p>1960 – <i>don't know where to go – helpless – huge life lesson</i></p> <p>2255 – last lesson – instruction manual doesn't exist, never goes away, deal with it, realized ok to grieve</p> <p>2300 – <i>new normal, new empathy</i></p> <p>2313 – appreciated gift of her life through counselling</p>
<p>Change in time – his relationship with son / grief</p> <p>Change in Self – emotionally, relationally</p> <p>Change in understanding of his being in world including mental health / counselling / need for help</p> <p>Change in understanding of world, existentially</p>	<p>H:</p> <p>372 – <i>whether you believe in God or not</i></p> <p>387 – <i>never been depressed, not in the right place</i></p> <p>435 – <i>everything angered me – why the world hadn't stopped, blame</i></p> <p>481 – <i>bought us close together, little things don't matter came off fb</i> (relationships)</p> <p>553 – <i>realized life never be the same</i></p> <p>571 – <i>less tolerant / 601, blunt, no messing around - 18, 602</i></p> <p>582 – <i>don't have same interests</i></p> <p>521 – <i>lost friends / 587 / 664</i></p> <p>616 – <i>different, friends shunned</i></p> <p>636 – <i>charity – big part of who we are</i></p> <p>664 – lost them, throwing away years of your life, another loss</p> <p>1065 – <i>smile when think about my son now</i> (change)</p> <p>1117 – change in time, get to the point where you have to accept it, not forget</p> <p>1122 – <i>fun, should smile, never thought I'd feel like that - 1699</i></p> <p>– I'll go see him /have a laugh</p>	<p>421 – <i>need to get some help, GP never seen you like this</i></p> <p>432 – <i>counsellor took me through stages of grief – angers in there</i></p> <p>604 – <i>don't mind talking about my feelings</i></p> <p>811 – <i>took through everything</i></p> <p>875 – <i>got my counselling, made progress</i></p> <p>915 – <i>struggle to remember who I was, build up connection (what did the counselling relationship mean?)</i></p> <p>1020 – need to think about myself -requested transfer - never would have done that before</p>

	<p>1141 – charity – wave of light, making a difference 1213 – focus to take your mind off things, initially wanted to be on own, gotta move on 1263 – <i>helps me by helping others</i></p> <p>1283 – couldn't do child abuse jobs 1327 - wasn't M anymore, was that guy who lost his son (identity)</p> <p>1710 – I don't believe in God, I can't understand, now issues with belief, throws your whole life up again, why me?? 1736 – <i>struggle at work</i></p>	<p>1602 – can smile now, can see the light now, I could never see the light, will be different but I know that we'll be ok – from counselling</p> <p>1691 - I'm a lot more of who I was – because of counselling, I have changed</p>
--	--	--

Theme	Quotes from Text	Found in Therapeutic Process
<p>Relationship with Others:</p> <p>Pain when fathers experience is not recognised: A Silenced Grief</p>	<p>A: 67-71 (everyone gives differently: complex),</p>	<p>608-619 (not being understood in couples counselling)</p>
	<p>B: 142 'taboo' 323-388 (GP), 390-398 (<i>I'm still her father</i>) 413-421 (<i>anger got opposite support to mother</i>) 458-474 (<i>she never glanced at me, I'm hurting too</i>) 475-478 (<i>I was just standing</i>) 480-482 (<i>hurts – been through the same</i>) 1055-1064 (lack of support from others) 1136-1142 (taboo subject)</p>	<p>816-849 (<i>doesn't matter what other people think</i>) 878-884 (hour for me)</p>
	<p>C: 279-284 (<i>taboo/looked down</i>) 286-300 (anger with teacher) 331-335 (friends-anger)</p>	<p>380- feels he takes up the group 454-477 – own space for him, talked about his experience</p>
	<p>D: 115 – just wanted hug 397 – people were not understanding, anger, work 658 – GP only interested in supplying sleeping tablets 938 – <i>abandoned gravestones</i></p>	<p>604 – to have that person looking out for me (so much emphasis on partner)</p>
	<p>E: 48 – <i>this baby's not viable</i></p>	<p>483 – important to talk about</p>

	<p>341 – <i>two heads, ruptured friends</i> 493 – God’s chosen her- 515 if there is a God – held me hand 537 880 – people don’t understand 909 – <i>grief of men totally underestimated</i> 922 – hated it when ring and ask about partner 1008 – headstones - <i>going up like a bomb</i></p>	<p>your feelings – give space 541 – learned to put out signals</p>
Negligence at many levels	<p>F: 23- <i>all more geared towards my wife – what her needs were</i> 67 – every angle to prop up wife 270 hospital – insensitive 331- midwife 336 – funeral arrangements (anger) 374 – ruthless – organ donation 388 – felt from all corners it hasn’t happened to you because you’re the man 463 – <i>not as bad as living child</i> 556 – lack of support at hospital 560 – no-one, nothing, hush it up – 590 hush it under carpet</p>	<p>29 – sought out own counselling, not offered 58 – go on Google 67 – couples counselling about her grief 83 – <i>didn’t feel anything geared towards me</i> 639 – found it condescending / patronizing 643 – lack of focus, skirting 722 – hits you in face people don’t think you need grief counselling</p>
	<p>G: 73 – midwife <i>badly</i> 202 – as the dad might as well not exist – became real 227 – <i>left on stool- insensitive</i> 240 – he felt baggage 242 – <i>no thought / understanding for dad</i> 370 – isolated, no-one taking care of you 410 – <i>not lab rats</i> 1484 – useless bereavement midwives / no support 1503 – <i>no eye contact off them</i> 1507 – for blokes there’s nothing 1520 – <i>just one of these leaflets, nothing</i> 1558 – <i>nothing existed, no community</i> 1859 – <i>didn’t ask about baby –</i> 1885 - <i>angry nobody wants to, Dad hasn’t acknowledged</i></p>	<p>1851 – <i>realized how much I wanted to talk about it – nobody asked how I was</i> 2046 – less patience in the group / structure 2123 – <i>the system doesn’t take care of me</i> 2196 – <i>not enough, zero support</i> 1562 – this is dead, nothing existed 1893 – <i>counselling helpful to understand, made me realize how I felt</i></p>
	<p>H: 189 – in labor - <i>get somebody who understands the situation</i> 519 – <i>insensitive – lost a lot of friends – silence baby</i></p>	<p>903 – <i>felt she had just been doing her job / gone through the motions</i></p>

	622 - award 1191 – <i>nobody's helping me</i> 1325 – <i>put his head down, people can't deal with it – wasn't M anymore, was that guy who lost his son</i> 1341 – hard to take, <i>mess with your head, just give me a hug, opinion you're weak</i> 1364 – <i>still the B thing, tell him to man up</i> 1378 – <i>don't want to spend time with you if you don't understand</i> 1383 – <i>you never really knew your son, why would you care</i>	1336 – counsellor said if you don't know those people why do you care, but hard to take
--	--	---

Theme	Quotes from Text	Found in Therapeutic Process
Relationship with Others: Difference: His own grief hidden	A: 229-236 (not physical display – different to partner) 261-363 (everyone's loss different) 264-273 (anger, blame) 387 (effect on woman) 405-406 (embodied gap between man and woman) 467-472 (gender free similarities) 485-495 (difference to partner) 728-736 (blamed by partner) 750-751 (never bend, reflect) 783-784 (sad to watch) 1011-1014-1029 (difference/relationships) 1031-1044 (supporting wife) 1197-1200 (<i>destructive force in relationship</i>)	236 (<i>support group missed ticket</i>) 993-998 (no-one getting better in group) 1000-1003 (<i>didn't fit in group</i>)
	B: 281-298 (differ to partner, wanted to talk) 515-534 (grieved alone, didn't want to upset partner) 547-556 (happy medium) 1178 (deal in different ways)	343-348 (didn't have outlet in group support) 350-355 (wanted to talk in depth) 412 (desire for 'private' counselling) 552-556 (midwife- <i>don't bottle it up</i>) 678 (<i>I want to get to know you</i>) 704-710 (<i>impartial, opened up more</i>) 782-787 (counsellor related but could not fully know and transparent about this) 810-815 (<i>open up to a stranger</i>) 878-884 (hour for me) 929-933 (one to one better for him than group of women)

	<p>C:</p> <p>653 – Depressed for a long time, brought it to it's head</p> <p>758 – everyone deals with it in different ways</p>	<p>454-477 – own space for him</p> <p>692 made me accept it wasn't wrong/helped me accept – his experience</p>
	<p>D:</p> <p>292 – anger away from partner, kept to myself</p> <p>328 – felt guilty upsetting lady</p> <p>444 – I wasn't showing any emotion</p>	<p>495 – blurt everything out – 523</p> <p>511 – talking to someone out of the situation</p> <p>517 – person <u>detached</u>, not worry about how she'd going to react</p> <p>615 – didn't carry her</p>
Brave face, struggle to express emotion	<p>E:</p> <p>563 – frustrated couldn't help partner</p> <p>930 – brave face</p> <p>929 – I've lost my child too, when partner stronger I was getting weaker</p> <p>941 – wrap it up</p> <p>1058 – <u>different pressures, different needs</u></p>	<p>482 – someone saying that's normal</p> <p>565 – made me understand she's on her own journey</p> <p>586- need to let them</p> <p>717- explained to me as an individual</p>
	<p>F:</p> <p>23- all more geared towards my wife – what her needs were</p> <p>37 – different – I went back to work</p> <p>273 hospital – you feel you don't have the right to say anything – insensitive</p> <p>347 – funeral non-religious</p> <p>413 – awkward with friends – man in group</p> <p>421 – male leader of group – avoided talking about it – 432 safe territory</p> <p>480 – isolate myself- control at work</p> <p>534 – compares himself to his wife</p> <p>714 – mask emotions considered weak as a man with anger</p> <p>758 – keep it all in there – can't show to wife</p> <p>840 – difference not in your body</p>	<p>58 – go to Google</p> <p>95 – needed to talk to someone who wasn't my wife</p> <p>634 – semi-skeptical about counselling – didn't give enough of myself</p> <p>666 – depressed – got to deal with pain –be direct about it</p> <p>685 - Their methods wouldn't change</p> <p>862 – better understanding of me as a person</p>
	<p>G:</p> <p>89 – how do I get her through this?</p> <p>160 – different inside mother</p> <p>240 – he felt baggage</p> <p>298 – not about me</p> <p>332 – trying not to be upset, took myself off – cotton wool, bubble around her</p> <p>374 – distanced from family friends</p> <p>576, 583 – not unique</p> <p>937 – facade – you are irrelevant (compares his pain to her physical pain – embodiment)</p>	<p>1784 – offered counselling with partner, take this just for you (partner's response)</p> <p>1851 – realized how much I wanted to talk about it</p> <p>1909 – helped me know how to seek help</p> <p>1939 – group didn't work for me</p> <p>2166 – comfortable with stranger told things not told partner</p>

	<p>H:</p> <p>512 – <i>feel bad talking about it, shyed away</i></p> <p>1372 – <i>harder for women, but my God not easy for me</i></p> <p>1503 – <i>mum lost a baby we don't talk about it – intergenerational hidden – I don't want him to be forgotten</i></p> <p>1573 – <i>hold back in group meetings didn't want to offend your wife</i></p>	<p>22 – struggling, need to see somebody, triage</p> <p>749 – <i>counsellor said be more selfish</i></p> <p>817 – <i>need to be more selfish, need to look after yourself before you can look after anyone else (partner)- light</i></p> <p>833 – <i>you've been talking about other people, do something for me</i></p> <p>925 – <i>told things that I haven't even said to my wife</i></p> <p>969 – <i>she made it ok to think about me</i></p> <p>1557 – couldn't say things to my wife, trying to be strong, totally open and honest, stranger – no ties</p>
--	--	--

Theme	Quotes from Text	Found in Therapeutic Process
<p>Relationship with Others:</p> <p>Meaning when his experience is recognised</p> <p>Support</p>	A:	
	<p>B:</p> <p>239 (4Louis), 250-255 (people help you get through it)</p> <p>262-272 (support, then alone)</p> <p>421-432 (counselling offered by boss)</p>	<p>434-446 (meaning of counselling relationship, could talk about anything)</p> <p>689-713 (<i>just wanted to tell everybody, just wanted to tell somebody</i>)</p> <p>770-779 (<i>it's ok to feel that way, rollercoaster</i>)</p> <p>782-787 (counsellor related but could not fully know and transparent about this)</p>
Relationships changed (supporting others)	<p>C:</p> <p>741 – my job to help someone mentally</p>	<p>279 - Sands (<i>like minded</i>)</p> <p>388 (reflection in others in group)</p> <p>608 – counselling should be free</p> <p>700 – like a mother</p>
	<p>D:</p> <p>207 Nan</p> <p>366 – friends at funeral, <i>Nan standing next to me- symbolic</i></p> <p>430 – discussed with partner</p>	<p>495 – <i>blurt everything out</i></p> <p>502 – warmth, comfort</p> <p>604 – to have that person looking out for me (so much emphasis on partner)</p>

Relationships changed (supporting others)	<p>E:</p> <p>265/285 – support given</p> <p>378 – 420 facebook groups – talk about anything / children</p> <p>444 – can talk, accepted</p> <p>502-line manager lost child</p> <p>546 – work support</p> <p>985 – funeral</p> <p>1012 – Reverend on forum</p> <p><u>1059 – hopefully hard work will go to</u></p>	<p>658 – <i>they've got to understand you</i></p> <p>669 – <i>talk deeper, being out of control- you helped there</i></p> <p>717- <i>explained to me as an individual</i></p>
	<p>F:</p> <p>353 – funeral lady / counsellor</p>	<p>862 – <i>better understanding of me as a person</i></p> <p>887 – don't want o give someone that much of me, make me feel vulnerable</p>
Embodied support	<p>G:</p> <p>262 – midwife how you doing? – hit, limbo, touching</p> <p>555 – book - <i>this is for me</i></p> <p>585 – book – grab on to - someone thought about how it feels for me – shared experiences</p> <p>1082 – <i>sensitivity to look after her (baby)</i></p> <p>1139 – do you need a hug? – empathy</p> <p>1318 – midwife took charge</p>	<p>1680 – <i>found myself unloading to this stranger, never gave me his opinion, we're always here</i></p> <p>1851 – <i>realized how much I wanted to talk about it</i></p> <p>1909 – <i>helped me know how to seek help, share experi4ence, relate</i></p> <p>2046 – structure / trained counsellor important (group and one to one)</p> <p>2082- <i>counselling all about me, selfish</i></p> <p>2162 – <i>stranger, not going to be judged</i></p>
	<p>H:</p> <p>160 – best mate at hospital <i>meant a lot</i></p> <p>507 – <i>couple at grave</i></p> <p>541 – our support, couples who have been through it</p> <p>643 – <i>not asking for the world to look after me now</i> – 652 – <i>father's day – meant the world to me</i></p> <p>763- best mate depression – another man</p> <p>1301 – couldn't do child abuse jobs on my own, support, back up</p> <p>1309 – boss similar experience, <i>I'll look after him</i></p> <p>1358 – <i>only people who truly got it been through it</i></p> <p>1480 – Sands meetings could talk</p> <p>1511 – <i>meetings light a candle,</i></p>	<p>875 – <i>got my counselling in three days</i></p> <p>909 – <i>learned to look after myself, talk about how I feel, not ashamed</i></p> <p>970 – <i>didn't realise I hadn't taken a breath, no idea focussing on everyone but myself</i></p> <p>996 – <i>made it alright for anything to be said - allowed to feel angry</i></p> <p>1580 – secret friend – tell them anything – <u>she doesn't know all of what I went through (partner)</u> In counselling but also through</p>

	<i>anything goes – real support</i>	experience – a separate experience 1598 – <i>helped me along the way</i> 1650 – openness in group about counselling
--	-------------------------------------	---

Repeated Words:

'beautiful' - B, D, E, G, H

'perfect' - A, B, C, D, G, H.

'mess' – C, D, H

'surreal' – B, C, D, E

'weird' – C, F, G, H

'bizarre' – B, C, G

'nothing' – A, B, C, D, E, F, G, H – all repeated

Appendix 6: Reflexivity Returning to the Data after Master Themes and Sub-Themes

'Moments of Meeting that 'hit' me'

Father A

Counsellor – Bereavement Chaplin

31-32 – you will have to stop me if I'm talking rubbish (the mess - supervision)

809 – 'wouldn't want it on anyone else'

918-927 (odd, conceptualising loss – can he help?)

1045 (what have we talked about) – uncertainty in research process

1193-1194 – *you've picked a tough subject - this is a killer (loss in self)*

Father B

Counselling - Work

'Wouldn't wish it on my worst enemy' – 153

Poem at funeral

652-653 sorry if I don't explain myself clearly

659-660 – haven't talked that in depth since counselling, must be hard for you listening to all this (protecting me from his painful experience) – unclear how I will receive his experience. I don't say that it is difficult but become more aware of my struggle to stay with the intensity of the data through analysis process

Rollercoaster - 715

794 - 799 – sorry I'm absolutely flummoxed.

Don't worry if it doesn't feel it's making sense to you, that's my job to make sense of it later

It's a good job, you might have a long job with that one

Did I expect to make sense of what cannot make sense as so unfair, unjust on so many levels, as a man expected to hide his grief and of a loss that is paradox to nature and life's course. **What is it that I think I can make sense of?** Actually I found myself flummoxed at times and questioning my need to bring order / themes to such a complex and unique experience for each father.

I re-assure. Like a mother?

971-978 – was thinking this morning what I could talk to you about. Telling it from my perspective (in research) – meaning of this. Prepared himself, nervousness?

End of interview – says to me I'm going to hear different versions, people deal with things differently don't they? – confusion / permission for his grief

Father C

340-341 – 'Wouldn't wish it on your worst enemy'

684 – Am I a messed up case? Asking me – seeking reassurance from me

608 – I think counselling should be free

Counselling - Bereavement Service, NHS, Work

Father D

204 – 'Wouldn't wish it on my worst enemy'

Parents suggested counselling

628 – I want to validate his embodied relationship with his daughter. I 'spark' something in him

Father E

737 – realised counselling **priceless** – learned something about therapeutic process-

741 - in ways I'll never be able to measure entirely – like research process

890 – bloke, control, rollercoaster, grief underestimated, suffer just as much

869 – without counselling a lot worse – in what way I don't know, timing was perfect

1034 – she is somewhere, kicks you where it hurts - counselling helped them continue to exist and live on

1054 – opportunity to carry baby (envy of woman) – my envy

1059 – hope that research will make a difference

741 - in ways I'll never be able to measure entirely – like research process / Methodology

Father F

95 – needed to talk to someone who wasn't my wife - difficult to acknowledge his own need for counselling

320 – taking her away. The loss / emotion is experienced in relationship to something.

384 – Offers me the medical notes – easier to talk about the logistics than complex / painful feelings – **uncertainty**

Delayed arranging an interview – I found frustrating. In interview 500 – turns out NHS found cause of death due to negligence. He was waiting for this confirmation before our interview to give him certainty / conviction?

602 – Asks me if I have spoken to fathers with similar experience, full term loss and lack of support – what is my research about? Am I there to support him? Didn't talk to anyone not even my wife, I feel under pressure to give him validation, what he needs. Perhaps like he felt the pressure to give his wife support?

Anger allows him to cope – more bearable and more masculine – can hate and blame midwife (unique to other fathers) – **masks** loss (Father C masks by charity work)

855 – I've been pretty open – letting me know he's opened himself up – supervisor commented on how open the men had been

871 – Is counselling like hypnotherapy? Works on some people?

914 – never talked about it for this long – I feel the privilege of him sharing his experience, his time and feelings with his daughter, I feel I cannot, have not given enough back. I feel helpless.

Father G

Limbo - 262, 455, 1328,

547 – shit at the end of it

555 – book - this is for me - like advert for the research?

Details of birthing process / labour, feels like anticipation in meeting the baby that is prolonged and torturous, parallel process in interview.

1495 – as long as you're not embarrassed seeing a grown man cry – re-assure him I able to contain his emotions which I am but I also leave interview feeling unwell and experiencing a strong embodied reaction to his grief.

1599 – email address – sounds strange, how do I justify it? The unreal / real nature of his love for his daughter feels difficult to tell me about, as the physicality of the email address is a place of limbo, going no-where but felt within him. They are safe – 1580, 1633

1784 – offered counselling with partner, take this just for you (partner's response) – I feel angry that he was offered couples counselling as an alternative option. I felt he needed his own space and I wanted him to have this

1936 – everybody deals with it differently

2124 – this was interesting to me because it's nice to see somebody doing something about it – huge difference – nobody else doing it - letting me know the meaning of the research and taking part in it, we were in contact months before interview

2320 – I can talk all day – 2329 – this isn't therapy for me, I can quite easily go on forever - look at articles on my role as researcher / therapist.. go on forever about his child who will be remembered forever.

Father H

56 - I am very comfortable crying so that might kind of happen – warning me

740 – do I sound really messed up? – I've come such a long way – a journey of change of whole being - confronting me with his fears, uncertainties, mess

754 / 912 – I could talk about my son all day – could he? He had the physical body, hands, time, hopes, feelings, perfections, but I find myself feeling sad that there is the loss of time and experience to talk to others in the same way he could about a child that had lived

760 – don't know whether you've ever experienced it – does he want to know if I have lost, or been through darkness

1102 – if you see a butterfly that's somebody's child – I saw a butterfly in supervision and told my supervisor – butterfly poem

1117 – change in time, get to the point where you have to accept it, not forget – like Father E – not moving away from his daughter, letting life back in – holding on and letting go – **no bad memories, perfect, holding him, time together, never thought I'd have feel like I do now, everything was so kind of dark** – then we pause the tape – relief from the darkness that still is amongst the hope, had only so much time to comfort and hold

1173 – wave of light – butterfly poem

1226 – I know I'm chopping and changing all over the place – almost apologising for his enthusiasm / pride to talk about his son, perhaps why he kept repeating how he can talk about his son all day

1397 – just going to stick a light on – turns light on in the room after telling me that he cannot get rid of his feelings about his child, funeral not closure, everlasting light and shadow **1602 – can see the light now, I could never see the light, will be different but I know that we'll be ok** – from counselling

1456 – **God I could be here all night mate** – a friend, someone who came to hear him talk about his son all day and night, yet he did not have all day and night in living flesh and blood

1478 - only so long you can talk about a dead child to put in blunt terms - in contrast to 754, 912, 1456 – this is the loss

A photograph showing a cluttered floor space. A black laptop is open on a red patterned rug. Surrounding the laptop are several sheets of paper, some of which appear to be forms or documents. A large green folder or book is also visible. In the background, there is a blue sofa and a green bag. The floor is made of light-colored wood.

Relationship with baby

- Physical growth**
 - Weight gain: 10-15% in first 3 months
 - Length: 10-15% in first 3 months
 - Head circumference: 10-15% in first 3 months
 - Motor skills: 10-15% in first 3 months
- Cognitive development**
 - Object permanence: 10-15% in first 3 months
 - Problem solving: 10-15% in first 3 months
 - Memory: 10-15% in first 3 months
- Social interaction**
 - Eye contact: 10-15% in first 3 months
 - Smiling: 10-15% in first 3 months
 - Cooing: 10-15% in first 3 months
- Language development**
 - Coos: 10-15% in first 3 months
 - Gurgles: 10-15% in first 3 months
 - First words: 10-15% in first 3 months
- Emotional development**
 - Attachment: 10-15% in first 3 months
 - Separation anxiety: 10-15% in first 3 months
 - Stranger anxiety: 10-15% in first 3 months
- Feeding**
 - Breastfeeding: 10-15% in first 3 months
 - Bottle feeding: 10-15% in first 3 months
 - Formula: 10-15% in first 3 months
- Sleep**
 - Sleeping: 10-15% in first 3 months
 - Waking: 10-15% in first 3 months
 - Crying: 10-15% in first 3 months
- Toileting**
 - Diapering: 10-15% in first 3 months
 - Toileting: 10-15% in first 3 months
 - Accidents: 10-15% in first 3 months
- Safety**
 - Childproofing: 10-15% in first 3 months
 - Supervision: 10-15% in first 3 months
 - First aid: 10-15% in first 3 months
- Health**
 - Vaccinations: 10-15% in first 3 months
 - Checkups: 10-15% in first 3 months
 - Sickness: 10-15% in first 3 months

Appendix 8: Interview Schedule



Interview

1. Can you tell me about your experience of losing your baby?

Prompts: Perhaps start from where you feel comfortable

Perhaps start from when things started to go wrong

2. Can you tell me about what lead you to counselling?

Prompts: Can you tell me more about your experience at the time?

How were you feeling?

3. Can you tell me about what the counselling was like for you?

Prompts: Was there anything you remember finding helpful or unhelpful?

Did you realize anything about your experience during your counselling?

Can you tell me more about that?

4. Is there anything that you thought I might have asked you that I have not or anything you feel you want to share?

Appendix 9: Questionnaire



Questionnaire

I am going to ask you some questions before we begin the interview. Please answer them the best you can.

What is your date of birth?

Please can you tell me when you experienced the stillbirth?

How long had your partner been pregnant for?

Was this your first pregnancy?

(If not) How many children do you have? What are their ages?

When did you begin your therapy/counselling?

What kind of counselling did you go to?

When did your counselling start?

How many sessions did you attend?

How long were you in counselling for?

When did your counselling end?

Appendix 10: Participant Consent Form



ETHICS COMMITTEE

PARTICIPANT CONSENT FORM

Title of Research Project:

How do fathers make sense of a stillbirth after therapy?

Brief Description of Research Project:

Stillbirth is a loss experienced by many mothers and fathers. Sometimes it is difficult to know how to cope with such a loss or who to talk to about it. This study aims to explore the father's experience of stillbirth. It may be that fathers have found certain ways to express their grief and this study wants to interview men who have sought therapeutic support for their bereavement. Taking part in this study gives fathers a voice in research, providing a better understanding of the father's perspective. It will also aim to improve the understanding of men's experience of therapy or counselling.

Between six and eight men will be interviewed in this study for one to two hours. In order to take part in this study, you will have completed counselling at least four months prior to the interview. In the interview, you will be asked to talk about your experience of therapy and your experience of loss. Interviews will be audio-recorded. If at any point you wish to end the interview you may do so. All information will be treated as confidential unless there is any real concern for the safety of you or others in which case confidentiality may be broken.

All data from these interviews will be kept anonymous and no identifying information will be shared or publicised unless the participant wishes this to be the case. Data from the interviews will be used in the write up of this study as required for a Doctorate in Counselling Psychology at the University of Roehampton, and may be used later in publication of peer review journals. Data may also be discussed in research supervision and presentations to colleagues but all information will be kept anonymous. If the participant wishes to withdraw his consent at any point in the research he may do so by using his ID number provided in the debrief and contacting the investigator. If withdrawal takes place one month after the interview date, when data analysis will have begun, then data in aggregate form may still be used and published.

If during or at the end of the interview, participants have any concerns, he may express this, and the researcher will provide access to further support. The interviews will take place in a room at the University of Roehampton or in a safe and private place convenient for the participant.

Investigator Contact Details:

Hannah Humphry-Baker
Department of Psychology

University of Roehampton
Whitelands College
Holybourne Ave
London SW15 4JD
humphryh@roehampton.ac.uk
07968287893

Consent Statement:

I agree to take part in this research, and am aware that I am free to withdraw at any point. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name

Signature

Date

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However, if you would like to contact an independent party please contact the Head of Department (or if the researcher is a student you can also contact the Director of Studies.)

Director of Studies Contact Details:

Dr. Anastasios Gaitanidis
Department of Psychology
University of Roehampton
Whitelands College
London SW15 4JD
Anastasios.Gaitanidis@roehampton.ac.uk
Tel: +44 (0) 20 8392 4529

Head of Department Contact Details:

*Dr. Diane Bray
Department of Psychology
University of Roehampton
Whitelands College
London SW15 4JD
d.bray@roehampton.ac.uk
020 8392 3627*

Appendix 11: Participant Debrief Form



ETHICS COMMITTEE

PARTICIPANT DEBRIEF FORM

How do fathers make sense of stillbirth after therapy?

Thank you for taking part in this research. The purpose of this study was to gather a deeper understanding of the lived experience when a father has lost a child through stillbirth and the therapeutic experience in the aftermath of this loss.

If you wish to contact the researcher, the Director of Studies, or the Head of Department in the future to ask any further questions please do so by referring to the contact details below. If you wish to withdraw your consent to take part in this study please do so by contacting the researcher, DoS, or HoD with your ID number within one month and all data will be destroyed. If you decide to withdraw after this time once data analysis has begun then the data may still be used in aggregate form for the requirements of the Doctorate in Counselling Psychology programme at Roehampton University and possible publication in peer review journals in the future. Data may also be used in presentations to colleagues at the University.

If you are feeling that participating in this research has raised some emotional discomfort for you please visit or contact your GP. Alternatively you may wish to contact the following organisations for support:

The National Childbirth Trust

www.nct.org.uk/pregnancy/miscarriage-support
Helpline: 0300 330 0700

The British Association of Counselling and Psychotherapy

www.bacp.co.uk

The Counselling Directory

www.counselling-directory.org.uk

Cruse Bereavement Care

www.crusebereavementcare.org.uk

If you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However, if you would like to contact an independent party please contact the Head of Department (or if the researcher is a student you can also contact the Director of Studies.)

Your ID number is: _____

Please contact any of the details below with your ID number if you wish to withdraw from the research.

Investigator Contact Details:

Hannah Humphry-Baker
Department of Psychology
University of Roehampton
Whitelands College
Holybourne Ave
London SW15 4JD
humphryh@roehampton.ac.uk
07968287893

Director of Studies Contact Details:

Dr. Anastasios Gaitanidis
Department of Psychology
University of Roehampton
Whitelands College
London SW15 4JD
Anastasios.Gaitanidis@roehampton.ac.uk
Tel: +44 (0) 20 8392 4529

Head of Department Contact Details:

Dr. Diane Bray
Department of Psychology
University of Roehampton
Whitelands College
London SW15 4JD
d.bray@roehampton.ac.uk
020 8392 3627



Have you lost a baby after a miscarriage or stillbirth? Have you been to counselling?

I am conducting research on the experience of fathers who have lost a baby and have been in counselling.

I am a Counselling Psychologist in training, completing a Doctorate at Roehampton University. I would like to interview men who have experienced this loss and sought counselling in response to their bereavement.

Past research has focused on the mother's experience of this loss. More recently, research has shown the impact of this loss on fathers. I believe it is important to give these men a voice.

If you think you or anyone you know might be interested in taking part in this research or if you would like more information then please contact me in confidence at:

Hannah Humphry-Baker
Department of Psychology
University of Roehampton
Whitelands College
Holybourne Ave
London SW15 4JD
humphryh@roehampton.ac.uk
07968287893

Appendix 13: Transcription of my Recordings after Interviews

Reflexivity after Interview with Alistair and Sean

Reflecting on Sean and Alistair's interview... felt very nervous and cautious not to say the wrong thing, and trivialise what they'd been through, also felt aware that I was a professional and got the sense that they thought I might be making some sort of diagnosis or psychological assessment of what they were saying um Alistair asked, said something like I'm mumbling, or this doesn't make any sense, and I said that's my job

And Sean said am I a messed up case? And I said no, you are being honest about what you are saying

Difficult to say the word death, easier to say the word loss, er Sean showed me a picture of Poppy and I didn't say anything, although I was thinking about the fact that her eyes were shut which was something Alistair had talked about

I felt that Alistair and Sean were at a different stage to Anthony, um, felt much more recent for them, whereas Anthony had grown up kids, and um was able to reflect on a lot more life experience

I find the men difficult to expand a description of how they felt, um they are able to name emotions like anger or jealousy

Reflexivity after Interview with Chris

Just left Chris's, um after we terminated the interview, um he revealed they had been trying for another baby and they had been trying for another baby and they had suffered an ectopic pregnancy and a miscarriage um that his experience on Daddy's Angels is the fear that Daddy's go through when they are trying to conceive a rainbow baby, which is the baby after the loss or the stillborn and being asked whether he felt that was a replacement, and that didn't seem to make him angry he had thought about that

*There were moments in the interview when I felt we were both going to cry, one part I remember was when he said that Fran the other daughter wanted to come and meet her sister in the hospital and he felt proud of her for that, and the other when he was looking at the sunset and he missed Matilda imagined her, wanted her to be there, he was very grateful that I was doing the research, I felt very humbled, **I also felt there were things that he told me in the interview, that I related to with my diagnosis with cancer, the feelings that some friends understood and some couldn't possibly, weren't able to, said inappropriate things, the anger that he felt, the feeling that your life completely changes, and it will never be the same,***

He told me after the interview ended he felt that there was no support for men or recognition of what men need or go through um and that he hoped the research would make a difference and I felt although I do want to make a difference, my difference would only be in the realm of academia not perhaps in a social way

(Pause)

Chris was, was more articulate than other Fathers about what he had been through and he was able to talk about the counselling in a different way um, he said at the end of the interview that the feeling of um, not being able to help made him feel guilty, and he didn't refer to 'guilty' in the interview, um **and I'm wondering about the effect of the interview, in terms of the level and depth of what was shared between us, because I feel like there's something about switching off the recorder that allows us both to breathe and be more human in the room**

And I stayed for another cup of tea to have a conversation with him, and although I wanted to perhaps tell him about what I was doing or be more conversational

he, he revealed more, um and he talked about his wife meeting with professionals in her school who couldn't understand what she was going through, and the feeling that **I am going as a professional and can I understand? And the closest I feel I can understand to how profound the emotions and feelings are when you go through something like that is my experience of being faced with life and death, my experience of being faced with life and death but I have not lost a child and I am not able to know what that is like (understanding)**

And the other thing I feel when I hear them say nothing is worse than losing a child, is how I feel about my parents, and having a conversation with my mother about something similar, about whether she would put her life before her child, whereas the feeling that my father would, and I am wondering whether there is a reason why I chose fathers rather than mothers.

Reflexivity after Interview with James

Just finished interviewing James er he asked me in the debrief which I thought was the best form of support, counselling support, and I suggested if in the future he wanted to see a counsellor then he could do that privately, I felt again like I hadn't been able to help enough in some way or I wasn't able to understand fully what this man had been through, **he talked a lot about being very angry, and feeling like no-one could understand what he went through, or relate to him, I guess it left me feeling quite helpless and also that I wanted to help him, but this was something he acknowledged that he found hard to access**, I felt very moved by things that he said and it was heart breaking um at moments to hear his story, I wondered at times in the silences if he was going to cry, but **he always kept himself in control**, he told me that it was the longest he had ever spoken about it to anyone apart from at the trial / hearing, it was a very different experience for his man as the death was a result of negligence, and there was something about these parents not being taken seriously, and I wondered if some of the anger he felt was also murderous, almost murderous feelings towards the midwife who he really felt killed his baby, um it was difficult to get any other feelings from him apart from the anger, that he recognised was a way to protect him from the pain, and um, **I go away from the interviews feeling that I have not given enough or perhaps offered them enough support, been transparent enough, that I've had a professional stance, that I've given them the paperwork and the lingo, that I'm not perhaps being as authentic as I would like to be, and I think the recording has an impact on that, I wonder whether that impacts how much these fathers say to me, um., I don't feel like I identify with the mothers in these interviews, I feel I am able**

to empathise with this experience of feeling like you're are not allowed, or expected to share your feeling, have feelings, um

Reflexivity after Interview with Craig

*This is the longest interview that I have done, it took in the end three hours, um Craig spent a lot of the first hour talking about all the practicalities medical issues that his wife was going through in the labor and although it sounded like a very long process I also got the sense that he was building up to the birth and it was going to be very difficult for him to talk about meeting his daughter and seeing her in the flesh and when he spoke about that and seeing her for the first time it was very powerful I found it very difficult not to cry with him and um a **sort of haziness** of going outside the interview experience not really knowing or wanting to ask specific questions or knowing what questions to say just a feeling of letting him tell his story and the experience was felt rather than verbalised, um again at the end of the interview I felt concerned that maybe I'd cut him short because he wanted to talk a lot and I felt that this was perhaps a reflection on the fact that he was one of the fathers that had most recently lost their baby, and he had only lost his baby six / seven months, so it was more apparent that the emotions were more available, intense and he was grieving a **different stage in time** to perhaps some of the other fathers, e cried throughout the interviews, I forgot to do the questionnaire with him, asking him for practical dates and details, I think the **overwhelming feeling of what he was expressing really took over and disheded, unhinged me, I again felt my debrief wasn't very clear, thorough, important, helpful, um I didn't feel I was helpful or said the right thing and again wondering if these are the counter-transferential feelings that these fathers' experience in not being able to help in any way being very much in a position of helplessness and not knowing what to do, I also desperately needed to go to the loo after the session and I felt it was a bit like I was flushing something out from my body and in stark contrast to the very slow process of giving birth to their deceased baby***

Reflexivity after Interview with Danny

Just left my final interview, and actually felt quite sad to realise it was the last interview in meeting the fathers, um felt like a loss in itself, um felt the last interview was one of the better interviews, didn't feel as nervous, and felt more exploratory

He told me at the end as I was leaving that he appreciated me referring to his son as Tom, as his name, because he was a real person, and I explained that once the parent had used his name then that's what I did, and I wondered why I referred to parent rather than fathers because actually I hadn't spoken to parents I's spoken to fathers (gender equality)

*Again some very emotional parts of the interview and times where **I felt I thought and then I'd forgotten it, and he said I feel like I'm jumping around, there was a feeling that there's so much to explore that it's difficult to have any continuity or structure, um and that I think is something that I've overall thought about the title of my thesis, making sense after therapy, I don't think they make sense after therapy, I think***

*therapy gives them an opportunity to work some things, but the whole grief process is ongoing, um, and I feel as an overall picture that there is a **difference in time** from Craig who lost his baby six months ago to other fathers that had lost their baby a year or more ago, to Anthony who had lost his baby many years ago, but even Anthony was able to revisit that moment and remember his conversation with his son and holding his baby and be moved to tears, so*

***It feels that one thing that I have learned is that this never goes away, it's something that is lived with and coped with and integrated into their lives, if that's the right word,** that future children you know that they had a brother or sister, um, and that's something certainly that Danny felt, is feeling, and obviously they are pregnant and it's a very nervous time for them*

*And I was able to say to Danny at the end of this interview **'I'm sorry for your loss' which was something I didn't feel I did with other fathers, and I almost regret that really that I was nervous to be professional and I felt with Danny I was much more able to be human, and I think that was something in his story as well, that you know he struggled to go back to work, work expected him to put on his police uniform on and do the job and actually he was saying he wasn't able to do that and I had to be what my body was being and I think I felt his expression of that reassuring for me to be like that also***

*The other thing that I felt very much is **wanting to give something back to these fathers who had told me about their experience so openly and honestly and I think that's one of the reasons why I always offered to share the research with them...***

*And James, sorry Danny said to me um that he had found the experience quite therapeutic and that felt quite comforting to me that I had possibly been, helped in some way, in giving him that research experience, and I remember Alistair saying that in his email, **so perhaps something that I was able to offer was an opportunity for these fathers to tell their stories, not just in the research (that I'm going to publish) but in the moment of, moment contact of the interview itself** and I don't think I'd really thought about that, I'd thought about presenting their stories to the world rather than the actual process of the interview itself*

Appendix 14: Poems Shared By Fathers

The Butterfly Poem

*'A Butterfly lights beside us like a sunbeam
And for a brief moment it's glory and beauty belong to our world
But then it flies again and though we wish it could have stayed
We feel lucky to have seen it at all'*

Dad's Poem

We never had the chance to play, to laugh, to rock, to wiggle
We long to hold you, touch you now, and listen to your giggle
She'll always be your Mother and I'll always be your Dad,
You will always be our child – the child we never had.

But now you're gone, but yet you're here.
We sense you everywhere.
You are our sorrow and our joy. There is love in every tear.
Just know our love goes deep and strong,
That we'll forget you never,
The Child we had, but never had – and yet will have forever.

An Angel Never Dies: Baby Loss Poem

Don't let them say I wasn't born,
That something stopped my heart
I felt each tender squeeze you gave,
I've loved you from the start.

Although my body you can't hold
It doesn't mean I'm gone
This world was worthy, not for me
God chose that I move on.

I know the pain that drowns your soul,
What you are forced to face
You have my word, I'll fill your arms,
Someday we will embrace.

You'll hear that it was meant to be,
God doesn't make mistakes
But that won't soften your worst blow,
Or make your heart not ache.

I'm watching over all you do,
Another child you'll bear
Believe me when I say to you,
That I am always there.

There will come a time, I promise you,
When you will hold my hand,
Stroke my face and kiss my lips
And then you'll understand.

Although I've never breathed your air,
Or gazed into your eyes
That doesn't mean I never was,
An Angel never dies.

Author Unknown.

Appendix 15: Ethical Approval Declaration

'The research for this project was submitted for ethics consideration under the reference PSYC 13/ 082 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 17th June 2013'